Medical PROFESSION

ECONOMICS

CONTOMICS

AUGUST, 1934

CIRCULATION: 125.000



POTASSIUM

MANGANESE

PHOSPHORUS

An Aid In Fighting Chronic Sepsis

Chronic cholecystitis, chronic prostatitis, chronic colitis are but a few of the rather common conditions which give rise to a state of chronic sepsis.

Fellows' Syrup in these conditions supplies the required mineral elements. The dose suggested is one teaspoonful four times daily, in water.

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Medical Economics THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

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H. SHERIDAN BAKETEL, A.M., M.D., Editor WILLIAM ALAN RICHARDSON, Managing Editor JAMES M. CHALFANT, Associate Editor RUSSELL H. BABB, Advertising Manager LANSING CHAPMAN, Publisher

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Cervicitis and Endocervicitis

take a prominent place among the conditions which physicians are called upon to treat. In such cases it is surprising what relief can be given by the insertion of an Antiphlogistine tampon.

By reason of its marked hygroscopic properties, Antiphlogistine causes a pronounced serous exudation, its high glycerine content (45%), the mechanical support, as well as its bacteriostatic, relaxant and heat-retaining powers, are important factors in the successful treatment

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"You've unsterilized my gown!"

Through these four words, snarled during a tense bit of action, millions of American movie-goers have learned how delicate is the balance between life and death from infection in the modern operating room. For they saw with their own eyes how the slightest touch from an unsterile hand may upset the rigid routine that surrounds the operating room and everyone and everything in it with an invisible barrier of asepsis which must be kept inviolate at all costs.

Before the middle of the past century such a bit of action would have meant little to even the most advanced members of the medical profession. Certainly less than nothing to any handful of playgoers who might have chanced to see it. Yet in a few seconds' time, in one brief sentence, a talented young actor has summed up the long, hard battle to make operating rooms, yes, and hospitals safe. Lister, Pasteur, Semmelweiss, Holmes, and a host of other fighters against infection could have asked no more of life than that they might have lived to see such dramatic evidence of the complete acceptance of their

hard-thought theories and beliefs.

The road down which they so earnestly pointed has been long, rough, and with many branches, each of which had to be proved false before the next turning could be reached. It is far from ended, but progress has been made far beyond their fondest dreams. Infection has not been banished. Perhaps it never will be. But the physician of today may have justified confidence in the weapons with which he fights it.

Among these is Zonite, a mildly alkaline solution of sodium hypochlorite, electrolytically prepared to insure stability. Rich in chlorine content. Actively bactericidal. Nonhemolytic. Non-coagulating. Active even in the presence of organic matter.

Zonite fills every need that modern medicine imposes on an antiseptic, and the modern physician employs it with the confidence that it will not devitalize tissue or cause accidental poisoning. May we send you a bottle of Zonite and literature covering many of its uses? Both are free. Write for them. Zonite Products Corporation, Chrysler Building, New York, N. Y.

Some Facts About Bran

The outer coating or shell of the wheat berry is a layer which is called "bran." This really consists of five layers, the purpose of which is to protect the inner parts of the berry. Seventy-five per cent of all the mineral salts provided by whole wheat are in the bran. In its original unprepared condition it offers too much resistance to digestion to be of much value as a food. For the digestive juices to go through layer after layer of bran takes longer than the time allotted between meals, and therefore much of the goodness of the bran is not made available.

Stripping the layers one from the other, and dividing them into very fine particles, as we do in Shredded Wheat, makes all their mineral salts and valuable proteins, particularly those yielding the aminoacid tryptophan, readily available. Also the cellulose of the bran is softened and readily takes up water to form a soft bulk in the digestive tract, without the harshness which may accompany the eating of coarse bran preparations.

Shredded Wheat in the diet

Shredded Wheat in the diet offers an abundance of valuable mineral salts, a variety of assimilable proteins, plenty of carbohydrate, and a liberal supply of Vitamins B and E.

Shredded Wheat is whole wheat—double cooked—boiled and baked—nothing added, nothing taken away. Physicians may recommend it to their patients with entire confidence in its quality and the care exercised in its preparation.



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SPEAKING

Call for the O. F. D.

To the Editor:

I live in Montelair, New Jersey, which, as you know, has the reputation of being populated by people of better-than-average financial means. Montelair doctors charge about \$5 for an office call and whatever the traffic will bear for a house call. Partly for this reason, I have, for a number of years, been going to a doc-tor in the neighboring town of Bloomfield, whose office charges have been \$2 and whose charges for a call at my home

have been \$3.

The doctor in Bloomfield is one of the old-time family physicians who inspires confidence and is not afraid to tell a patient that there is nothing wrong with him. Doctors I have had in Montclair, on the other hand, seem very much in-clined to string their cases along and keep themselves on the patient's pay-roll as long as possible.

Unfortunately, the old doctor in Bloomfield is retiring. He has referred me to a younger man of the cold-blooded, impersonal type. The latter does not fit into my scheme of things at all.

Why can't we find young men are aggressive, active, and up-to-date in the medical profession, yet who have the old-time, human interest side to their nature which enables them to consider their patients as human beings instead of as medical cases, and who, when called into consultation, do not over-charge simply because the traffic will bear it?

It becomes a problem today to know where to go when the old family doctor

passes out of the picture. L. Alexander Mack, President

The Underwriter Publishing Company

New York City.

Mr. Mack asks a question which is uppermost in the minds of many patients at the present What he says clearly merits a reply from the profession. Constructive answers from readers will be forwarded to him or published in MEDICAL Eco-NOMICS—ED.]

To be Preserved

To the Editor: magazine, MEDICAL ECONOM-ICS, has reached a stage of development

during the past year or more where it during the past year or more where it now demands the preservation of every issue received. Formerly, it was discard-ed after it had been read; but now I must find space in my library to preserve all copies.

So much for my personal views. It also happens that I am the secretary of a club whose purpose it is to study medical economics: This club has requested me to file permanently all copies of your me to the permanents at copies of your publication, and recommends that all members read it regularly. Edward S. Pomeroy, M.D. Salt Lake City, Utah

Health and Accident

To the Editor:

I read with extreme interest the article by Mr. W. Clifford Klenk on "The Wrong Way to Buy Accident and Health Insurance," in MEDICAL ECONOMICS for June. It certainly is one of the finest pieces of advice that it has been my pleasure to read. This is also the opinion of all my colleagues.

Maurice F. Snitman, M.D. Chicago, Illinois

To the Editor:

I want you to know that Mr. Klenk's article in the June issue on health and accident insurance has proved invaluable to me in my present consideration of these types of policies. Let's have more articles like this!

Jules Lessem, M. D. Woodside, Long Island, New York

To the Editor:

It was a genuine treat to read the splendid article by W. Clifford Klenk in June MEDICAL ECONOMICS. The writer shows clearly that the age-old dictum, caveat emptor, applies most emphatically to the physician about to purchase accident and health insurance.

Alfred A. Schenone,

Brooklyn, New York

To the Editor:

Allow me to compliment you on the excellent article about health and accident insurance in the June issue. I feel that a series of articles on this score

especially worth while. The doctor should be in a position to advise his patients on this matter, for I have rarely seen a claim paid without

a murmur.

At the moment, I am treating a patient who has a policy with a three-

FRANKLY

months exclusion clause. He is going to lose \$300 a month simply because of the fact that the company requires notification at once

The insured patient naturally thought that on account of the three-months ex-clusion he did not have to notify them clusion he did not have to notify them for three months after the onset of his trouble. Now the company refuses to pay sooner than the beginning of the seventh month of disability.

Irving Simons, M.D. New York City

To the Editor:

While visiting a doctor in this city my attention was called to an article written by W. Clifford Klenk in the June issue of MEDICAL ECONOMICS.

June issue of MEDICAL ECONOMICS. Being engaged in the business of ac-cident and health insurance, I was naturally interested in this presentation. I am glad that there is one medical periodical at least which does not hesitate to tell its readers about something other than new cancer treatments.

The medical man seems to fall prey frequently to the accident and health salesman's wiles. Usually he buys a salesman's wiles. Usually he buys a policy that does not meet his needs; for, as Mr. Klenk well put it, a physician is engaged in a one-man occupation; and since his income stops when he stops, it is important that he buy insurance which will replace his income when the

which will replace his income when the time of need arises.

I hope this author will write another article on what kind of accident and health insurance the doctor should buy if only because there are still some poli-cies on the market which confuse the physician by their ambiguous and tech-

phraseology.

Andrew J. Mountrey, Manager Accident and Health Department Standard Surety & Casualty company of New York

[The follow-up article Mr. Mountrey asks for appears in this issue.-ED. 1

\$41,718,92 Collected

To the Editor:

I was very much pleased with the article, "Pay What You Can Afford," says San Diego," which appeared in the June issue of MEDICAL ECONOMICS. One error appeared in the manuscript, however, and that has to do with the black print featured on page 57, which reads: "2,000 low-income families in San Diego have paid \$4,000 for medical care and hospitalization during the past year and a half." These figures should read: "2,005 low-income families in San Diego have paid \$41,718.92 for medical care and hospitalization during the past

care and hospitalization during the past year and a half."

We feel that we have accomplished a real success in meeting the problem of medical care for the less well-off group here in San Diego, and are convinced that our system possesses a wide range of applicability throughout the United States.

Hall G. Holder, M.D. San Diego, California

Preventive Care for Poor

To the Editor:

To the Educor:

Among the millions of people on the relief rolls, many need medical attention of some sort. Furthermore, due to worry, hardship, and privation, the slightest hardship, and privation, the slightest lowering of physical resistance will mean the outbreak of disease among others.

Considering the problem strictly from an economic point of view, it occurs to me that there exists a splendid oppor-tunity to lighten the taxpayer's burden of free hospital and clinical care by having the government encourage an or-ganized movement towards large-scale systematic, preventive medical work

systematic, preventive medical work among the poor.
Most physicians would probably vol-unteer to examine a certain number of people every day or every other day. Pa-tients needing immediate attention could be encouraged to obtain treatment at a clinic. Or perhaps the government could authorize an official payment of a small fee of maybe 50 cents or a dollar in

ree or maybe 50 cents or a dollar in cases requiring several visits. Thus would a New Deal develop in the field of medical relief work, promoting the recovery of our national health and preventing an untold amount of suffering

among the poor.

Systematic prevention of disease on a national scale would considerably reduce the cost of hospital and medical care which taxpayers now bear. It would stimulate also, on a big scale, the trend towards preventive habits. And a steadier income would result for physicians.

Henri E. Verbi Miami, Florida Verbinnen

Charity Without Stigma

To the Editor:

People are becoming more and more accustomed to receiving aid of various [Continued on page 87]

What effect has MENTHOL in a cigarette

?

The cool sensation of the Spud cigarette is not caused by the action of menthol on the mucous surfaces of the mouth and throat. As the cigarette burns, its small trace of menthol immediately volatilizes; and in so doing, lowers the temperature of the smoke. It is merely this cooler smoke that causes the cool sensation.

The menthol that remains in the smoke is a perfect gas which is insoluble in mucus or saliva, and leaves no deposit. It is freely and completely exhaled.

Our only claim for the Spud is that its cooler smoke is milder because part of the irritating aldehydes and acids are condensed and filtered out in the butt of the cigarette by the cooling process. We have never advertised the Spud as a cure for anything; it is simply a more comfortable smoke.

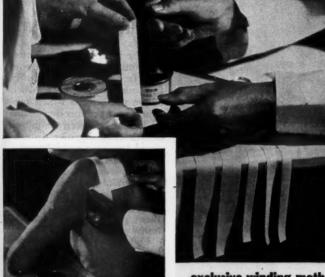
SPUD

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• "ZO" Adhesive Plaster spools are wound under uniform tension, which makes them less difficult to unroll. The last inch is as easy to detach, and as usable, as the first piece off the roll. Much time and money have been spent in the J & J laboratories on the present formula of "ZO". The old theory that the best adhesive was the one most difficult to unroll has been exploded.

The adhesive mass of "ZO" is uniform in consistency, and remains uniform until used.

It reaches its maximum adhesive strength at body temperature. Supplied in cartridge spools in standard widths and lengths; in hospital spools, 12" x 10 yds., cut in assorted widths, and in rolls, 12" x 5 yds., uncut. Order from your dealer.

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Summer Restlessness with Insomnia

To the long list of nervous, "insomnia-minded" patients must be added those who suffer from summer insomnia. Much of the nervousness which prevents sound slumber during this period can be traced to summer dehydration, digestive disturbances, improper nourishment.

Instead of using habitforming drugs, a warm, refreshing drink of delicious Ovaltine taken just before retiring will often act like a charm in lulling these patients into healthful, restful slumber.

Ovaltine supplies concentrated nourishment in extremely palatable form. Adds important food elements to milk. Makes it more easily digested.

Ovaltine should occupy an important place in the summer dietary because it helps prevent summer dehydration, at same time supplying increased nourishment, and increasing the appetite for other nourishing foods.

Fill in Coupon for Professional Sample Why not let us send you a trial supply of Ovaltine? If you are a physician, dentist or nurse, you are entitled to a regular package. Send coupon together with your card, letterhead, or other indication of your professional standing.

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Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

The RIGHT Way to Buy Health and Accident Insurance

By W. CLIFFORD KLENK

STOP! LOOK OUT! DON'T!
These were the negative keynotes of the article "The Wrong Way to Buy Accident and Health Insurance" in June MEDICAL ECONOMICS.

If one attempts to measure the adequacy of accident and health insurance by the yardstick of these "don'ts," however, it becomes evident that there is need for some positive rules of thumb as well.

How much accident and health should be carried? What type is most desirable? Which are the essential coverages? And which may be foregone if expense in this direction must be curtailed?

Mindful of the financial plight in which most of us find ourselves after five years of depression, the question of the amount to be carried is important.

On this major point all too many physicians go to one extreme or the other. Either a little protection is carried "just in case," or an excessive quantity is bought on the false theory that the amount of continuous income from insurance must fully equal one's professional earnings.

The first approach invariably

results in disappointment when sickness or an accident suddenly terminates the man's income. The latter, on the other hand, is silly extravagance; because in a major prolonged disability many overhead expenses of a strictly professional nature cease.

The physician's true minimum requirement is an amount of "income insurance"—for that's really what health and accident insurance is—whose benefits will approximately equal his fixed domestic and professional overhead expenses. During a short disability these are inescapable.

The difference between these fixed expenses and gross income can, for convenience, be called "gross profits." These "profits" may be insured in proportion to the individual's appreciation of and enthusiasm for disability protection.

What are the essential coverages? Obviously, the most outstanding of these is assured continuity of income during accident or illness.

Since this is so—since guaranteed income during periods of disability is such a vital issue—the physician's bulwark of protection, his health and accident insurance, should be non-cancell-

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able. If it is, the insured will have the unqualified right to renew his contract from year to year at his option; and the company will not be able to cancel the policy at its pleasure or to refuse renewal because of claim frequency.

That we are sick more often than we are injured is self-evident. It is particularly im-portant, then, that the corner-stone of any income insurance

structure should be a contract of non-cancellable health insurance.

Here it is important to note that true non-cancellable health insurance is never offered without an equal amount of non-cancellable accident insurance. It is never house-confining. It pays for all sicknesses and accidents without time limit. And it costs more than the cancellable type which is more easily obtained.

Wisdom and experience dictate that if one's budget is limited, a small amount (say \$200 a month) of non-cancellable insurance is more desirable than a large amount of the cancellable form. Better the sure three per cent than the speculative ten per cent.

It is an alleged fault of health and accident insurance that it lacks standardization of benefits and provisions, whether cancell-able or not. In this connection, it is well to know that there are three types of non-cancellable

coverage. Let me explain:
A health and accident policy is sometimes labeled "non-cancellable" when it cannot be cancelled by the company "during its term"-meaning the period of three, six, or twelve months for which a premium has been accepted. The company can, however, on any premium due date refuse to renew the policy; hence, this type is no better than the cancellable kind.

The second type is slightly different, for it pays benefits for 50 or 100 months in the aggregate. The joker here is the phrase "in the aggregate," which means that the total or aggregate amount collectible during the life of the contract is a sum equal to no more than 50 or 100 months' benefits.

Besides lacking the decided advantage of a lifetime income, such a contract involves an automatically increasing cost each time a month's benefits are received. The reason for this is that the premium remains fixed while the remaining collectible benefits are reduced by any sum received.

This type of so-called "noncancellable" contract is more commonly offered today than the broad, almost unrestricted kind to which reference has already been made. The latter policy is distinguishable by the fact that it never pays the monthly income for a short disability, but only after 14, 30, 60, or 90 days. Only two companies issue it at present, and these require a complete physical examination.

It is important to understand that true non-cancellable health and accident insurance takes the place of the old disability clause of life insurance which is no longer offered by most life insurance companies and which, when it is offered, provides benefits that are so comparatively unat-tractive as to make them hardly worth while. Admitting that there is a big difference between the cost of cancellable and noncancellable insurance; so, after mature consideration, there will be found a big difference in benefits. That we get only what we pay for is as true of insurance as it is of anything else.

While non-cancellable ance is permanent in its benefits and an indispensable keystone in one's arch of income protection, it does have its limitations and shortcomings. This, in all fairness, must be pointed out if the reader is to get an unbiased picture of what it has to offer him.

Particularly does the non-cancellable contract fall short in the accident benefits it offers the surgeon. The general man need not be deeply concerned about the damage a permanent hand injury would do to his practice, but in the case of the surgeon such an injury might lead to total loss of income through inability to carry on in that particular kind of

For the surgeon, then, a different type of accident insurance (which he will find offered only on a cancellable basis and in appropriate form by a few companies) must necessarily supplement his non-cancellable disability coverage if his cycle of protection is to be complete.

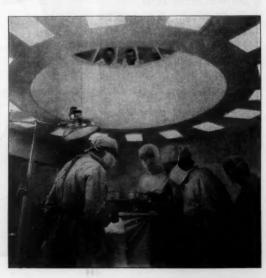
Suppose, now, we assume that the physician possesses a modest amount of non-cancellable coverage, proportionate to his fixed known obligations, and carried preferably with the longest elimination period—three months—to keep the cost down. The next consideration is that of the occasional and more frequent short illness and accident.

Let us first consider the question of illness. For the younger practitioner the problem is twofold.

With youth in his favor the probability of frequent slight illnesses or prolonged serious illness is not great. Because, on the average, his income and reserve are less than those of the older and better established practitioner, however, the financial loss incident to a short sickness is more keenly felt.

If after due consideration it is felt that some supplemental health insurance is necessary and desirable to fill the gap between the inception of the illness and the time the non-cancellable coverage becomes effective, then effort should be made to secure a contract which will answer the purpose. A bit of painstaking shopping around will disclose the fact that such protection, cancellable to be sure, is available for a [Continued on page 79]

"No insurance at all is better than a contract full of loopholes. The broadest contract offered never proved too broad in a crisis."



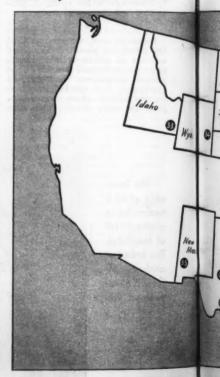
- 1. Brooks Village, Me.
- 2. Newport, Me.
- 3. Ashland, N. H.
- 4. Lyme, N. H.
- 5. Troy, N. H.
- 6. Sergeantsville, N. J.
- 7. Castlewood, Va.
- 8. Washington, N. C.
- 9. Russellville, O.
- 10. Maury City, Tenn.
- 11. Deckerville, Mich.
- 12. Mason, Mich.
- 13. Glidden, Wis.
- 14. Aledo, III.
- 15. Granite City, III.
- 16. Rio, III.
- 17. Collins, Mo.
- 18. Longwood, Mo.
- 19. Patmos. Ark.
- 20. Richardton, N. D.
- 21. Wessington Springs, S.D.
- 22. Deshler, Neb.
- 23. Osmond, Neb.
- 24. Garfield, Kan.
- 25. Haviland, Kan.
- 26. Kinsley, Kan.
- 27, Milan, Kan.
- 28. Willis, Kan.
- 29. Ackerly, Tex.
- 30. Idalou, Tex.
- 31. San Antonio, Tex.
- 32. Thalia, Tex.
- 33. Grace, Idaho
- 34. Glendo, Wyo.
- 35. Tohatchi, N. M.

These

STIMULATED by the request in June MEDICAL ECONOMICS for names of communities that need and can support a doctor, a number of readers have been kind enough to vouchsafe such information.

Each of the towns listed on this page, they say, would make a good location for some qualified medical man.

In a few instances, those who have supplied the data state that they own property or equipment which they would like to rent or



Towns Need Physicians

sell to anyone who decides to locate in their community. Several offer to help any newcomer get started who appears suited to the location.

MEDICAL ECONOMICS can not, of course, assume any responsibility in connection with the opportunities afforded in these towns. Nevertheless, it has made every effort to limit the list to those localities which seem to hold forth reasonably good prospects.

Only the names of the com-

munities are given on these pages. Yet any reader who is interested in a given locality and wishes more information about it can write to MEDICAL ECONOMICS for such details as are on file.

Physicians who know of any additional communities which they believe would offer a living to other doctors are requested to send as much information about them as possible to MEDICAL ECONOMICS so that their names may be published in a subsequent issue.



Our Collectionless

AN EXPOSÉ OF A SITUATION AFFECTING

"COLLECTION agencies?
Bosh! All a good many of
them do is wheedle money out of
our patients and then pocket it
themselves. We physicians seldom
see a cent of it!"

As I watched several beads of angry perspiration gather on the doctor's forehead, I couldn't help experiencing a sympathetic feel-

ing of indignation.

I determined to do a little investigating to satisfy my curios-

ity.

That was four years ago. Since then I have followed up the subject of collection agencies with considerable thoroughness, the result being that I can now reveal some highly enlightening and authoritative information about the way in which some of these companies function.

Consider the contract of one of them, for example. I give it in its

entirety:

OUR UNDERSTANDING

1. Fifty per cent on the first \$100 recovered, or on claims settled through the assistance of magistrates, attorneys, or our Legal System, or on installments.

Twenty-five per cent on all other collections.
 The creditor is not liable for any

The creditor is not liable for any of the Corporation's disbursements incidental to collection.

 Commission is charged on all accounts settled satisfactorily, withdrawn or ordered dropped during the process of collection.

The minimum charge is fifty cents on each account, to be deducted from any money recovered under this agreement.

All commissions are due and payable on the day payments or settlements are made.

Failure to furnish necessary evidence of indebtedness upon request will be considered as instructions to drop.

8. No agent has authority to alter this agreement verbally or in writing, nor to make any verbal or written agreement relative to terms of agreement or



modes of collecting, or to receive or receipt for any monies from debtors or clients.

9. Claims not in process of adjustment released in nine months upon re-

On the face of it, this contract is fair to all parties concerned; but when it is construed in the favor of the company, and all its salient features are brought out, it becomes quite a different document. And remember, it is the company which does the construing of the contract, not the client. In fact the client seldom knows or realizes that he has signed a contract at all.

The terms are printed in small type on the back of what the agent of the company calls a listing sheet; and you may be certain that this sheet is kept folded while he is listing your

accounts on it.

Now let us dissect the contract, and see just what has gone into it that is injurious to the client and favorable to the company.

Take item number one first.

Collection Agencies

THOUSANDS OF DOCTORS

By Warner Leslie

The agent who sold you the service has very likely stated that his company's charges are only 25 per cent; yet the contract which you have signed without reading carefully asserts quite plainly that their terms are sometimes (usually) 50 per cent.

If the truth were known, most claims are settled through the assistance of the company's "attorney," as he is called. This man does all his work by mail, and is in fact no more an attorney than you are. The company letterheads on which he writes do bear the name of a duly registered lawyer, but this man simply receives a fee for the privilege of using his name and knows nothing of the uses to which it is put.

Those concerns which do not include the name of an attorney on their letterhead often have printed in the upper left-hand corner the two words "Legal Department." This, likewise, is a designation for the clerk whose job it is to correspond with deb-

Either way—whether an "attorney" or a "legal department" is used to facilitate collections—the service costs the client twice as much without involving any additional expense for the agency. So far as instalments are concerned, the company may quite likely not demand full and immediate settlement if it can avoid it, for the simple reason that it wants to get the increased revenue which the contract provides in the case of deferred payments.

Provisions two and three may be passed over without comment, for they are innocuous and do not have any particular bearing on



dealings with the client.

Item number four is next. Here we find that a "commission is charged on all accounts settled satisfactorily, withdrawn, or ordered dropped during the process of collection."

No fault can be found with the principle of charging a commission on accounts which are settled satisfactorily. Suppose, however, that for some reason you wish to withdraw an account. Even though you notify the company before it has started to try to collect it, you are required to pay the full fee just as though the account had been settled in full.

Quite conceivably you may have made a mistake in turning over to the agency the name of a patient from whom you never intended to enforce collection. Far be it from the company to worry about your errors, however. Once they have received the account from you, they will charge their full fee; and there's nothing much you can do about it. Should you object, they will deduct it [Continued on page 93]

By HAMILTON H. POOLE Medical Photographer University of Maryland School of Medicine

MORE than one physician lacks photographic records of his more interesting cases simply because he has always considered photography one of those esoteric arts in which good results are impossible save to the professional.

This idea needs to be debunked; for the making of clinical photos is by no means difficult. Nor is it essential that the equipment used be elaborate.

By following carefully a few simple rules, any practitioner can obtain satisfactory pictures in his home or office. "Before and after" shots are especially helpful, and may be shown to other physicians and patients as a means of demonstrating just what results have been secured through certain courses of treatment.





Easy-to-

Should he decide to try his hand at clinical photography, the doctor's first move is to purchase a suitable camera. He should select one with the following features: a double-extension bellows, a good sharp lens, and a ground-glass back. These three things are essential in making good clinical pictures since the average hand camera does not permit working closer to the subject than six feet.

The camera with double-extension bellows and ground-glass back is rapidly taking the place of the ordinary camera because it is more universal in its application. Furthermore, it permits the use of a film pack. Film in this form costs no more than ordinary roll film, yet it has a definite advantage in that it is possible to develop one or more films without exposing the entire pack.

The lighting equipment can consist of one or two photo-flood bulbs, which may be used in ordinary sockets or in gooseneck lamps. Such bulbs cost only thirty-five cents each and give illumination equivalent to about 750 watts.

Reflectors made especially for these bulbs may be obtained at small cost, but are not absolutely necessary. However, some type of reflector should be used such





Make Clinical Photos

as that employed on a goose-neck lamp.

To make a good photograph it is necessary that the operator be familiar with his camera. He should know the various parts and what they are used for.

First let us consider the shutter. This device is usually placed between the camera lens and the film or is incorporated in the lens barrel for the purpose of exposing the picture. On all cameras with a ground-glass back, this shutter must be open in order to focus on the glass. The shutter is capable of making either instantaneous or time exposures.

Most of the better shutters have a scale which is marked as follows: T (time), B (bulb), 1, 1/2, 1/5, 1/25, 1/50, 1/100. Each of the fractions represents part of a second. By setting the indicator at 1/25, for example, and then opening the shutter, the film will be exposed for 1/25th of a second.

Near the shutter is the diaphragm. This is a circular mat which is capable of contracting or expanding as the case requires.

The diaphragm regulates the amount of light that passes through the lens. The further the diaphragm is closed, the more exposure is required.

Besides governing the exposure, the diaphragm has another important function: that of giving depth of focus to the picture. By depth of focus we mean the power of a lens to give good definition of objects both near and far at the same time.

The farther the diaphragm is closed, the greater the depth of focus.

The diaphragm has a scale with the various apertures marked on it. The markings on a fast lens usually run as follows: F:4.5, 5.6, 6.8, 8, 11, 16, 22, 32.

When the diaphragm of such a lens is set at F:4.5 it means that it is open as far as possible and a short exposure can be given under good lighting conditions. At F:32 the diaphragm is closed as far as possible, therefore a much longer exposure is necessary.

As the numbers on the diaphragm scale increase, the exposures at each setting increase correspondingly. Each time the number on the scale is doubled, the exposure must be doubled also. For example, if one second exposure is given at the setting F:8, then two seconds will be necessary at F:16, and four seconds at F:32.

When focusing the camera by viewing the subject on the

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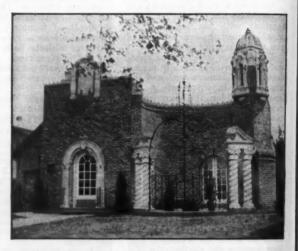
glass the diaphragm ground should be open and the shutter set at T (time) and opened. Usually there is a small hood that fits around the viewing glass to keep out light. With this open operator looks at. through, the ground glass while he centers his subject and focuses the picture by turning the small

knob which moves the bellows in and out. This should be moved until the subject appears sharp on the viewing glass.

The glass is then removed, the shutter closed, and the film holder clamped in place. We are now ready to expose the picture. When taking a clinical photo-

[Continued on page 57]

Doctor's Office Goes Spanish



California, it seems, has no monopoly on architecture in the Spanish style. The accompanying photograph shows an unusual Renaissance type of office building which an Illinois physician has erected next door to his residence.

Although somewhat elaborate, with its French doors, its marble floors, its patio, pool, garden walk, and so on, it is at the same time planned for comfortable, efficient use not only by the physician owner but by a dentist to whom he rents an office and a laboratory.

The two men use a common reception room, and employ a technician to assist them. Besides the dentist's quarters the physician has a laboratory and drug room, two treatment rooms, a hydrotherapy room, and a first-aid and dressing room.

Watch Your Approach!

By HUGH GRANT ROWELL, M.D.

F you want to start a near riot where physicians are gathered together for the purpose of professional gossip or professional improvement, just begin to talk about the relationship between showmanship and medicine.

Aesculapius knew how to stage his master-and-pupils act. the medical profession since then has had its colorful and almighty skillful personages who, in addition to their superb professional qualifications, have known how

to put a story across.

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> Nevertheless, there has always been the feeling that medicine is a profession which should avoid claptrap, and that the practitioner would fall into troubled and his fellows splashed by the mud stirred up, if the showmanship thesis were accepted.

> With this view I am heartily in sympathy. Nevertheless there is a something—a well recognized but indefinable something—that causes one physician to live and die an ideal, while another of equal learning never seems to make his mark.

Is it personality?

Let's see. Let's study a few personable individuals. Let's invade a field where personality is

When I want to escape, for more or less brief moments, that world dominated by patients and patience, I bring forth from its place of hiding (so someone else won't steal it) my weekly copy of the Billboard, that gossipy sheet of the amusement field where Walter Winchell got his first lessons in misusing the English language as a preliminary to his



later ability in predicting the flights of the stork.

After glancing through this I am likely to turn to a forum edited by none other than Gasoline Bill Baker and there read the professional helpfulnesses and boastings of those itinerants called "pitchmen" who sell, with their amazing personalities, everything from the smallest sewing machines in the world (needles, to you) to cures for what ails those persons who seek comfort in Life Begins at Forty.

Likewise, I read the claims of one New England Jack Murray, magazine subscription agent, who can sell you fifteen years of fifteen magazines in five minutes. He is, he assures you, the best salesman who ever walked, talked, or slept. When he mounts a doorstep his very knock attracts them like magnetism to the door. He fixes the good housewife with a hypnotizing eye. signs on the dot.

Then there's the fellow who harangues his street-corner audience from a portable stand, his

sun-tanned torso proclaiming his everlasting good health. He explains all anatomy, physiology, and pathology—with his own pronunciations and theories—to seekers after health who need

[Continued on page 61]

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Why Study Abroad?

EDWIN F. PATTON, M.D. has his own answer to this question. Better medical training is available in the United States, he declares, than in Europe's centers.

A GENERATION ago a medical man—particularly a surgeon—could not be considered to have received the best of training unless he had spent a year or more abroad.

A generation ago that was true. European medicine then was probably twenty years ahead

of American medicine.



Now, however, the situation is changed. American medicine not only has overtaken, but has outstripped European medicine so definitely that none but the most prejudiced will deny it.

Study in the European clinics today is more of a pastime and a satisfaction of curiosity than a source of advanced scientific illumination. Europeans are even beginning to recognize the fact that their medical training is not complete without a period of study in the United States.

Of course in certain things—anatomy, pathology, selected types of surgery, heliotherapy, and other restricted fields—European methods are more thorough and advanced. But in the rest, we have the advantage so markedly that the balance is overwhelmingly in our favor.

There may be several reasons for this present condition, but one is paramount: money.

Science and the arts depend on financial patronage. They flourish or languish as they are supported or not supported. In late years Europe has not had the money to further scientific progress. Consequently, progress has slowed almost to a halt. America has had lavish financial backing of scientific and educational institutions. As a result, research and teaching and experimentation and exploitation have progressed—bloomed.

An unbelievable amount of useful new medical knowledge has come out of America since the war. Europe during the same time has produced comparatively



little. American hospitals have every facility to work with. European institutions subsist on the most meager equipment. Refinements are possible here. Only necessities are taken care of there.

European medicine in general—not only practice, but public health—is way behind us. In Rome only lately, one whole sixty-bed ward in a children's hospital was devoted to the care of typhoid cases. In children's hospitals here one or two cases a year are exceptional. This is but one illustration of relative advancement.

The word of greeting of a colleague just returned from Europe today (if he is honest) is usually this: "Yes, it was a delightful trip—most enjoyable—interesting. Instructive? Well, yes. But not worth taking the trip for. The same time and money could have been spent to much better advantage in the States."

Medical men I have encountered at the various study centers in Europe classify themselves in my mind roughly into three types:

(1) Medically under-privileged, middle-aged men who have grown up with the visionary idea that some day they wanted to top off with a year abroad. Most of them had to leave school, usually without an interneship, and dig right into practice to make a living. Eventually they saved up enough to achieve their European ambition—without re-

alizing that with the passing of the years, better advantage had been springing up in their own country, possibly within commuting distance of their own communities. Their European obsession has continued to hold them, nevertheless; and without investigation of local possibilities, they have embarked, and are blissfully enjoying the fulfillment of their dream. Most of these bring some or all of their family with them.

(2) Young doctors usually from good and financially substantial families, who have completed a first-class training at home, and are merely "ripening" abroad till they get over their callow look and are ready to step into a ready-made practice in a father's or uncle's office. Most of their study is done on the boulevards, and the chief addition they make to their education is an understanding of the finesse of drinking the right drink at the right time.

(3) The promoting type, in Europe frankly for the purpose of being able to ballyhoo after they get back, impress the public, raise their fees, give papers full of foreign authorities' names (used most familiarly), and to make a financial killing.

Of course there are sincere students also. Most of these are disappointed. Many do not stay as long as they originally planned. For them there are some opportunities, particularly along the lines of dissection; also chances to see pathology in a

[Continued on page 87]

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Charity Begins at School

By HUGH L. DWYER, M.D.

THE medical profession can lead in community health matters or it can follow! Kansas City physicians have recently had a concrete demonstration that proves the truth of this assertion.

Herein lies a tale.

During the prosperous years when so-called health agencies and numerous movements in community health were springing up like mushrooms, the profession was aware of many infringements by lay organizations in the field of medicine, but they were too busy to do anything about it. They grumbled a little, to be sure; but they did not tackle the job in the right way. They chose to pay rather than take the time to correct these abuses.

Kansas City is a case in point. There, for several years, free diphtheria immunizations were given at the schools after an intensive drive by parent-teacher organizations, school nurses, and the Children's Bureau. Ostensibly, this work was begun "for those who did not have a family doctor." Those who had a family doctor were supposed to go to him.

But after several years of such activity it developed that the majority of children were being immunized in the schools, regardless of the family's ability to pay. It became a drive for numbers.

Certain days were set aside at each school for the administration of toxoid by health department physicians, assisted by school nurses. Parents were notified by cards sent home with the older children, by house-to-house canvass, and by other means, that children of pre-school age were to be immunized upon the signing of the card giving consent.

Needless to say, the work became extremely popular. Even those children who were brought to a pediatrician for periodic check-ups of weight and nutrition were, in many instances, taken to the school for their

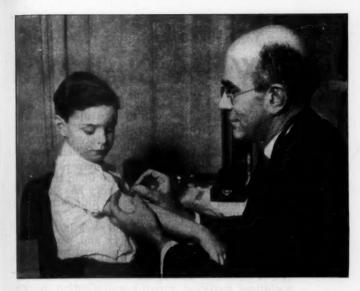
diphtheria toxoid.

Mothers importuned to have their children immunized not infrequently asked their physician beforehand if it was advisable and safe to have the toxoid administered at school. And he was forced to admit that it was not only highly desirable but that the school physician was perfectly competent to do the work.

All the while, of course, he was ready and able to render the service in his own office. An easy and positive procedure in preventive medicine which he should have been doing himself was gradually slipping away

from him.

Occasionally, mothers telephoned to ask the doctor if he gave diphtheria immunizations, stating that they would rather bring their offspring to him than send them to the school. Strange as it may seem, some actually thought that they could get immunizations only at the schools. But the great majority went there because they did not have to pay.



To say that it was an abuse is putting it mildly. A class of people who had always been accustomed to pay for medical attention were being introduced wholesale to free medical service.

One evening a small group of pediatricians and an official of the local department of health met to discuss the situation and to devise some plan to be presented to the Jackson County Medical Society with a view of correcting the condition. They sought a solution whereby all children of the city could be immunized, the work to be done, in so far as possible, by their family physician or by a doctor of their own choice.

The immunization was to be given toward the end of the first year of life so that in five or six years there would be no children entering school who had not received this preventive treatment.

A friendly director of health was anxious to shift back to the private physician the job of immunizing those able to pay. The superintendent of schools, on the other hand, said he was interested in health education only, and not in the practice of medicine.

At all events, a plan was finally evolved whereby children were to be given toxoid on Saturday mornings during the month of March for one dollar—the one-dose, alum-precipitated toxoid to be used and furnished to physicians without cost by the department of health.

Those who came during regular office hours or others to whom the physician preferred to give a different preparation were charged the customary fee. The toxoid was placed in several easily accessible drug stores by the health authorities, and the physician had only to sign a card when he received a ten-dose package, agreeing to keep a record of the names of children to whom he gave it and to send these names to the health depart-

Where Shall We

"THE eyes of the country are upon us. We should give heed to what we do." In these words a senator of the United States, during a time of crisis, gave warning to his colleagues.

One needs only to read the newspapers to realize that the eyes of the public are upon the medical profession. Never in our history has the laity demonstrated so much interest in things medical as at the present moment.

During the short space of one week last month a random group of newspapers and periodicals from all over the country were found to contain a total of 56 distinct articles relating to the practice of medicine. Among the topics discussed were socialized medicine, group hospitalization, health insurance, easing the health burden, the high cost of medicine, and others.

It has long been noted that our profession needs outstanding, forceful, determined leadership. "The eyes of the people," according to editorial writers, are watching the Aesculapian craft drift without a rudder and with no one in command.

Some writers are openly caustic. The *Philadel-phia Record*, for instance, says: "If doctors would do more thinking and less shouting about group medicine, they would get further . . . Group practice may be all wrong, but it is up to the doctors to discuss the matter calmly, without passion; to arrive at the truth by a scientific study of the merits and demerits of the new trend."

Much attention has been given to the Baylor

Find Our Moses?

University Hospital plan of non-profit hospitalization insurance for persons of limited means. In an article in the New York Herald Tribune, Dr. S. S. Goldwater, New York's Commissioner of Hospitals, states his belief that the physician will be the gainer in such a movement because it makes it "easier for the subscriber as a patient to pay his doctor's bill."

Controversy raging in Los Angeles over the expulsion of two members of the local county medical society for "unethical promotion of their clinic by publicity" is likewise catching the eye of the public through articles in the daily press.

The always alert *Illinois Medical Journal* finds medicine confronted by "threatened government control...politics, lay dictation, hampering bureaucratic red tape, complete scientific failure, usurpation of medical practice by tax-supported or otherwise financially aided institutions...an average rate of payment for services that is greatly below that enjoyed by the bulk of the United States citizenry."

And so it goes. All over the land newspapers and magazines bespeak the perils facing medicine.

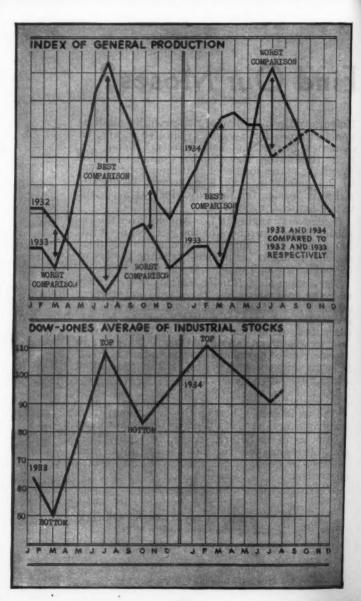
Now, as never before, strong, aggressive leadership is needed to direct the passage of the medical profession out of darkest Egypt into the land of freedom.

Where shall we find our Moses?

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The Doctor and His Investments

By ARNOLD BERNHARD

WHILE earnings, in the long run, govern the level of stock prices, the American market is

notoriously sentimental.

Especially after a prolonged rise or decline, stocks are likely to blow off in a spasm of elation or depression. These blow-offs, while of only temporary significance to the investor, sometimes carry prices to phenomenal extremes. The Bank Panic low of 1933 (50 on the Dow Jones Industrial Average) and the July, 1933 top (110 on the same index) are instances in point.

These erratic explosions and collapses could be viewed with greater equanimity by the investor were he confident that they represented sentiment and not financial judgment. If he had some measuring rod to determine whether or not the price spasm meant the punctuation of a movement or the forecast of a trend -whether it reflected an excess of emotion or new developments of fundamental importance—he might be able to judge price trends more rationally.

There is no scientific method of mapping the peaks and valleys of sentiment. But there is offered on the opposite page a chart which may have some forecasting value in this field. It is a simple affair, based on comparisons between industrial production in

From this chart, it can be seen that when the index of industrial production made its poorest comparison with the previous year's index, the stock market was on bottom. When it made its best comparison with the previous year, the market was on top.

Take 1933, for instance: The 1933 index made the worst comparison with the 1932 index in March. March also was the month the market made its 1933 low (50 on the Dow Jones Industrial Average). The 1933 production index made its best comparison with 1932 in July. July was the month the market made its 1933 high (110 on the Dow Jones Industrial Average).

Following this peak comparison and market top in July, the 1933 business index began to fall. This drop coincided with a rising. index in the corresponding months of 1932, so that comparisons became steadily less favorable. The market declined.

able. The market decimed.

It is significant to observe at this point that even though the 1933 index of production continued to decline into December, the stock market made its low for the second half of 1933 in October-November, when the interpret wat on better how but dex was not yet on bottom, but when the comparison between 1933 and 1932 ceased to become less favorable.

Due partly to seasonal factors and partly to Government ex-penditures, the business index rose from 69 in January, 1934 to 88 in April, 1934. But the market "topped" in February,

Invitation from th

NEXT month, during September 24 to 28, the War Department will order local boards throughout the United States to examine candidates for commission in the Army Medical Corps.

Due to an unusually large number of separations from the service, the list of candidates qualified at similar examinations in March and April of this year has been exhausted. The coming examinations are intended to fill all present vacancies, and to allow for anticipated vacancies until July 1, 1935.

An applicant, in order to be eligible for admission to the Army Medical Corps, must be a citizen of the United States, between the ages of 23 and 32 years. He must also be a graduate of an acceptable medical school, and have completed at least one year's interneship.

Civilian physicians who desire to become candidates for the Army Medical Corps must apply direct to the Adjutant General of the Army for authority to be ex-Prescribed forms for this purpose may be obtained from any military post or station, and must be accompanied by evidence of citizenship, if the applicant is of foreign birth; by evidence of required interneship; by certificates from at least three reputable citizens of personal acquaintance attesting to character, citizenship, and habits; and by a photograph of the applicant.

Personal expenses incident to the examination, including travel, must be paid by the applicant. War Department will But the order each candidate to the board

nearest him.

By arrangement with the Medical Department, interneship for the express purpose of qualifying for commission in the Army Medical Corps may be taken in Army hospitals. Those selected

receive pay at the rate of \$60 a month; and, on completion, are exempted from the professional examination for commission. At present, however, the quota of interneships is filled and no vacancies will exist until July 1. 1935.

Licentiates of the National Board of Medical Examiners may also be exempted from professional examination if they so request. Those electing not to be examined receive an arbitrary grade of 85 per cent, a general average of 80 per cent being the minimum for acceptance.

All candidates are required to meet the rigid physical requirements established for Army of-

Those found qualified in all respects are commissioned first lieutenants in the Medical Reserve Corps. Upon acceptance of their commissions they are recommended by the Surgeon General to the Adjutant General for appointment to the Medical Corps of the regular Army as vacancies

Candidates appointed as a result of the coming examinations will be ordered to the Medical Field Service School, Carlisle Barracks, Pennsylvania, for a basic course of instruction on January 1, 1935. This course is furnished all medical officers as soon as practicable after acceptance, and is designed both



Army

to continue the professional education of the newcomer and to acquaint him with the peculiarities of military medicine and sur-

gery.

The Army Medical Department is a far flung organization covering all parts of the United States and extending into Alaska, Panama, Puerto Rico, the Hawaiian Islands, the Phillipine Islands, and Tientsin, China. It is administered by the Surgeon General's Office which co-ordinates all activities of the Medical, Dental, Veterinary, Medical Administrative, and Nurse Corps, as well as the enlisted men detailed to duty with the Medical Department.

★ What may the physician expect in an Army career? To find out, the author interviewed men in the service, delved into records and files made available through the cooperation of the Surgeon General's office. The result: an unbiased and authoritative account of life in the Army Medical Corps.

By RICHARD L. SOUDERS

The Surgeon General of the Army Medical Corps is appointed by the President on recommendation of the Secretary of War for a term of four years. The office is now held by Major General Robert U. Patterson, who is assisted by two officers in the grade

of brigadier general.

Hospitals or dispensaries, numbering about 250 in all, are maintained at all stations large enough to justify the services of a medical officer. In addition, general hospitals are in operation at Washington, D. C.; San Francisco; Denver; Hot Springs, Arkansas; San Antonio and El Paso, Texas; and beyond the continental limits of the United States at Honolulu and Manila. Combined, these eight hospitals are able to care for 5,182 patients; Walter Reed General Hospital in Washington, D. C. being the largest with a capacity of 1,223 beds.

The Army and Navy General Hospital at Hot Springs, Arkansas, is the newest of the institutions. Only recently completed, and thoroughly modern, it is believed to be one of the best equipped hospitals in the country for the administration of hydrotherapy and physiotherapy. On application to the Surgeon General, former officers and men honorably discharged from the Army, Navy, and Marine Corps.



may be admitted to this hospital on payment of a small daily charge for subsistence and medi-

cine.

General dispensaries are also provided at central points to render out-patient care to officers and enlisted men and their dependents, and to retired Army personnel. At isolated stations, where other medical facilities are not available, the care of civilian employees falls to the Medical Department.

The Army Medical Corps is responsible, too, for the organization of medical activities at the camps of the Civilian Conservation Corps, a number of Army medical officers, assisted by Naval medical officers, officers of the Medical Reserve Corps, and civilian contract physicians, being de-

tailed to this duty.

Prior to the enactment of legislation curtailing the conditions under which beneficiaries of the Veteran's Administration were eligible for hospitalization, the Army received several thousand veterans annually for treatment. While the number eligible has been radically decreased, cases are still accepted at Fitzsimmons, Army and Navy, and Walter Reed Hospitals on request of the Veteran's Administration.

In addition to the Medical Field Service School, already mentioned, the Medical Department provides postgraduate instruction in professional subjects at the Army Medical School, Washington, D. C. Close contact is maintained with the medical aspects of aviation and chemical warfare, and specialized instruction in the former is given at the School of Aviation Medicine, Randolph Field, San Antonio, Texas. Postgraduate study is also provided at civilian schools for selected officers.

One of the most interesting of its educational activities is the Army Medical Museum in Washington, which, in addition to exhibiting a large and varied medical collection, acts as a clearing house for pathological specimens received from the entire Army, and furnishes a consulting service in laboratory diagnosis.

Occupying the same building is the Surgeon General's library which has the distinction of being the largest and most complete medical library in America, listing many rare and historical bindings in addition to the complete reference sections. The library is under the direction of an Army medical officer and its privileges are extended to the medical public.

The present complement of the Medical Corps is 983; and the doctor in this service finds, as his primary duty, the health and physical efficiency of the 138,000 officers and men who comprise the peace time forces of the Army. Behind this nucleus of less than a thousand medical officers there is, however, an organization so constructed that its personnel may be quickly expanded into a corps of 29,000. ready to perform the same service in time of a major emergency for an army that may run into millions.

The services of the Army doctor may be required wherever Army activities are going on. In rotation with the other officers of his grade, he is assigned to foreign duty for two-year periods. Transfers between stations within the United States occur about every four years.

The periodic tours of foreign duty assure the Army medical officer of a wide opportunity for travel. Service conditions allowing, leave of absence is granted from the Phillipine Islands to permit visits to Australia, the East Indies, China, and Japan; and authority may be granted in time of peace for officers completing duty in the Phillipines to return to the United States by way

[Continued on page 67]

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Do's and Don'ts for

URING my quarter of a century in medical practice, I have testified in more than 15,000 personal injury cases in Illinois courts.

Throughout this rather extensive experience, ample opportunity has presented itself to observe at close range the courtroom manner of many a physician. And in innumerable instances, I must say, the medical man, as an expert witness in court, has not acquitted himself in such a way as to reflect creditably either upon himself or upon his profession.

Why should a physician, in court for the all-important purpose of helping his patient win a case, obviously lack (or, what is just as fatal to the patient's cause of action, seem to lack) essential knowledge of his sub-

ject?

Why should he manifest such a pathetic ignorance of the value of the testimony he is called upon

to give? Why should he show so great a timidity in front of judge and jury and under the cross-fire of counsel for the opposition-a timidity sometimes amounting to a genuine fear of court procedure, a veritable litigation-phobia?

Time after time have I seen one of these factors, or a combination of them, result not only in utter discomfiture for the testifying physician, but in defeat for the patient's cause of action.

Surely there is no valid reason why a competent physician should ever fail so miserably and abjectly when placed on the witness stand, provided he will keep in mind a few definite admonitions born of practical experience and allow himself to be guided accordingly.

First of all, a physician on the

By ORLANDO F.



the Witness Stand

SCOTT, M.D.



witness stand should always remember one important fact: With the exception of that rather rare hybrid, the LL.B. who may also write after his name the letters "M.D.", practically no lawyer has anything but the least smattering of knowledge about the extensive field of medicine and

surgery.

True enough, lawyers may toss about the few medical terms they possess with a good deal of sangfroid and look at you with a perfect poker-face, as if to suggest that they know a good deal. However, despite their urbane and clever efforts to put up a great front, the doctor, 99 times out of 100, has only to sit back an d maintain h is unruffled equanimity in order to see the attorney's feeble attempts to register profound medical and surgical wisdom come to naught.

While the opposing counsel may resort to bluff to rattle the witness and ruin his effectiveness in court, it must be understood that the medical man can have no recourse. He must, absolutely,

know his subject.

It is essential that he be fully familiar with anatomy, the physiology, the differential diagnosis, the pathology, and all else pertinent to the case in question. And, what is of the utmost importance, he should have refreshed his mind in contemplation of his appearance in court, particularly on any special book-points that might conceivably become an issue.

It can not be too strongly stressed that there is always great danger of underestimating

the opposition.

Never trust to luck. If you do not know your case thoroughly, forwards and backwards, do not go into court at all. For you owe it not only to yourself to make a creditable showing before the

AN IMPROVED TREATMENT OF ARTHRITIS—A Comparative Test

In a carefully controlled clinical investigation* of the comparative merits of Mono-Iodo-Cinchophen (Farastan), Cinchophen and Sodium Salicylate, the following results were obtained:

	FARASTAN GROUP I	GROUP II	Sedium Salicylate GROUP III
Pain:	Complete relief 90% Moderate relief 10%	No relief 90% Slight relief 10%	Complete relief 10% Marked relief 20% Moderate to slight relief 50% No relief 20%
Swelling:	Complete relief 75% Marked reduction 25%	No reduction 75% Slight reduction 25%	Complete reduc- tion 10% Marked reduction 20% Moderate to slight reduction 45% No change 25%
Metlen:	Complete restora- tion 80% Marked to moder- ate improvement 20%	Slight improve- ment 20% No improvement 80%	Complete restora- tion 10% Marked improve- ment 20% Moderate to slight 40% No improvement 30%

REG. U.S.

FARASTAN

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MONO-IODO-CINCHOPHEN COMPOUND

The author concludes that the marked relief of pain, reduction of swelling and restoration of motion is apparently due to the combined effect of cinchophen and iodine, made possible in the formula of Farastan.

May we send you latest digest of published work and full size package for clinical trial.

*P. G. Potenciano, Med. Jr. & Rec., Feb. 18, 1930.

THE LABORATORIES OF THE FARASTAN COMPANY
137 South 11th Street :-: Philadelphia, Pa.

judge and jury, but to your patient. He trusts you, and he depends upon your skill in presenting his case properly to the court, just as he depended upon your ability to pull him through when you were treating him medically. You would not have thought of forsaking him then. You must not now. Preparedness should be your watchword.

As to the value of testimony, you may feel that it is, after all, no concern of yours. You are the doctor in the case, and it is up to the lawyer, you say to yourself, to do his most adroit questioning, to get the answers out of you as best he can, and then to connect them to suit his

But this is only making ex-ses for yourself. If you stop cuses for yourself. to think, you will realize that you know better.

The only way you will ever improve as a medical witness is to admit this point and promise yourself that in the future you will master the few elements that go to make a doctor's evidence conclusive in every lawsuit the testimony of which involves a medical angle.

What are these elements, and how to go about mastering them? Let me hasten to assure you that it is not necessary to resort to any involved or elaborate course of study, since there are only a few fundamentals to bear in

mind.

For instance, how much effort does it entail for you to ascertain from counsel ahead of time what the law may be in your particular state relating to medical testimony and to the specific matters in controversy? Once you have informed yourself on the law of your own state, you will en-counter no great difficulty in other jurisdictions, for the reason that the basic principles of law operate throughout the nation.

In general, the following thirteen points explain what the doctor may and should say or do, or avoid, when giving expert medical testimony for his patient:

(1) He should relate completely every single objective finding determined by examination.

(2) He should reiterate each and every complaint (subjective symptoms) that his patient suffered throughout the entire course of observation and treat-

(3) He may give an opinion as to the permanency (in percentage) of loss of an extremity, or of any of the five senses.

(4) He may give an opinion as to the permanency of the injuries as a whole, and their effect on the patient's earning power.
(5) He may give an opinion as

to whether or not the condition will tend to become progressively worse, improve, or remain the same.

(6) He may give an opinion as to whether or not the condition as found was traumatic in origin.

(7) Should there be no dispute as to the party suing having been injured in the manner alleged, then, when counsel propounds his hypothetical question, the physician may give his opinion by stating directly that there was, or there was not, a direct causal connection between the accident described and the condition of illbeing found on examination.

(8) If, however, there is dispute as to whether the party suing was injured in the manner charged, then the doctor must answer the hypothetical question by stating that there might or could be a direct causal connection, and so on. In other words, where there is such a conflict in evidence, it is not competent for the doctor to invade the province "There of the jury and answer, is a direct connection."

(9) If counsel asks you a hypothetical question, be certain that in answering it you do not take into consideration anything you know about the case outside of the question. You must confine your answer solely to the facts submitted to you.

[Continued on page 107]

Diving and Swimming and Nasal Infection

AT this time of the year when swimming and bathing are at their height, infections involving the nasal cavities are quite common and may lead to serious consequences.

The combined effects of the swimmer blowing the nose and expectorating, and the action of the water itself, tend to denude the nasal mucosa of its protective mucus, with the result that transfer of bacterial organisms takes place and the infection thus may extend to the deeper structures.

The Argyrol tampon (Dowling pack) and the Argyrol spray have become standard practice in the treatment of nasal and sinus infections. Argyrol not only is antiseptic, but it is also soothing and slightly astringent, thereby promoting local detergence and decongestion of the infected tissues.

Ophthalmologists also find Argyrol an invaluable aid in the treatment of "pink-eye" and similar eye inflammations prevalent in the bathing season.

The new Argyrol tablets add materially to the convenience of Argyrol therapy. Containing nothing but Argyrol, they insure accuracy, certainty of product and time-saving, not only in the doctor's office, but also at the patient's bedside and in the operating room; wherever, in fact, an Argyrol solution is quickly desired. Four tablets dissolved in one-half ounce of water make a 10 per cent solution; other strengths in proportion.

To be sure of better results, be sure you use Argyrol.

A. C. BARNES COMPANY (INCORPORATED)

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The Call to Classes

By CHARLES A. GORDON, M.D., Chairman Joint Committee on Graduate Education Medical Society of the County of Kings (N. Y.)

THOSE sensational articles in the press lately about the hazards of maternity have aroused public indignation to a high pitch. From all quarters come demands that something be done-and that the doctors do it.

The conditions that are now being given such wide publicity have long been known to and deplored by the medical profession. Strenuous efforts have been made to remedy them. The mortality rates are too high. And lowering mortality rates is the doctor's business.

The task is by no means impossible. The prescription for the improvement of public health

is as clear as the handwriting on

the wall:

We must have more postgrad-

uate work.

Physicians are not made in four years. The medical school is simply the machine that starts men in practice. Further scientific education is essential to the development of the top-notch physician.

Twelve years ago the Medical Society of the County of Kings (N. Y.) launched an experiment in graduate education. In many details the plan was radical. In-stead of asking doctors to come and take courses we brought the courses to them. Instead of planning a definite program we asked the doctors what they wanted, and gave it to them. Hours for the courses were arranged with regard for the convenience of the

> * "A vast amount of work must be done in graduate medical education. And the logical organizations to carry it on are the county medical associations."



Security and Normalcy

Drybak strappings discommode the patient less

• Patients benefit from the strength and support of Drybak strappings without the bother of keeping them thoroughly dry. Even when submerged, the glazed, waterproof back-cloth of Drybak prevents the plaster from becoming loose or soggy. The edges stay smooth and snug.

 Drybak's sun-tan color is less conspicuous, and eliminates the usual "accident" appearance. Made in standard widths and lengths in cartridge spools, hospital spools, and in rolls 5 yds. x 12", uncut. Order from your dealer.

COSTS NO MORE THAN





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doctors.

Professional approval was expressed by good attendance at lectures. The value of the work to the public health program was established by the number of men whose skill was increased, and whose standards of knowledge were raised by the training.

With slight modifications, this educational idea can be adopted by any county medical association. A number of associations are already following the plan in accordance with their varying re-

quirements.

An ideal set-up for postgraduate education presupposes cooperation between the county association and some local medical school. From the start, we members of the Kings County Medical Society have worked closely with the Long Island College Hospital, a grade-A medical school. Lecturers from the college staff have been available for special courses requested by our members, and clinical study has been possible at all times at the hospital.

Other local hospitals are also cooperating. Courses are given by members of their staffs, and doctors may therefore do postgraduate work at any hospital which is most convenient for them or at one where they can get the special work they want.

However, all good teachers are not in the medical schools—not by a long shot. Some of the best teachers have never done any teaching. They may know their subjects cold, they may have always wanted to teach, and yet never have had an opportunity. These are the men who will be valuable to the society when it is planning courses.

There is no dearth of good teachers; and no matter where the medical society is located, outstanding men are available to lecture and to direct courses. If there is no medical college which can be counted on to cooperate, and if members of the local society are either too shy or un-

qualified to give the desired work, the state association can usually be counted upon to send a man, or a group of men, to do the teaching. My experience has been that most prominent doctors, as well as the lesser known men, are glad to give their services for nothing more than the thanks of the committee plus their traveling expenses.

The Medical Society of the County of Kings definitely set aside the idea of profit-making when its postgraduate courses were first contemplated. Our plan was, and still is, that the courses should pay all carrying charges, which include, of course, all clerical work, printing, and incidental expenses.

We have a twofold purpose in making a nominal charge for courses: First, the money is needed to defray expenses; and, second, a course that is absolutely free is not patronized. The payment of a fee helps to assure regularity of attendance.

Today, our society has its confirmed postgraduates. And besides these men who enroll regularly for courses, there are a good percentage of our other members who register occasional-

ly.

During the years we have been giving postgraduate work, approximately ten per cent of our members have registered for courses each year. When it is remembered that a large number of the society's roster of 3,500 are specialists, or doctors not in general practice, the excellence of this showing becomes evident.

A statistical report of men registering for postgraduate work during a recent year showed that the greatest number had been practicing not less than five, nor more than nine years; the next largest group had been graduated from medical school within the year; and the third largest group had been practicing not less than ten, nor more than nineteen

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Consider the long established reputation of the Tycos for accuracy and durability...for compactness, convenience, lightness and general adaptability on outside calls. Now add an even higher degree of accuracy and a smarter, more durable outward dress and you have an instrument that will receive your quick approval.

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 The Certified Tycos for accuracy, for when the pointer no longer rests within the zero oval, the instrument is out of adjustment.

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gical supply dealer's. Its price is extremely moderate, \$25.00 complete, ready to use. Get also the new 28-page Blood Pressure Manual with up-to-date data on Sphygmomanometer use. Taylor Instrument Companies, Rochester, N. Y., or Toyonto, Canada.

years. Although efforts are made to interest older practitioners, the greatest enthusiasm and interest are shown by the younger

Our courses are not for specialists, nor are they to train specialists. They are planned specialists. They are planned solely for the general practi-tioner who is anxious to keep in touch with new methods and new trends.

We say to our members: Tell us what subjects you are interested in and what men you would like to have as teachers. Choose the hospital at which it will be most convenient for you to take the courses and name the hours you prefer. We will do the rest. The only requirement we make is that a group of not less than four agree to take each

The average course is given over a period of eight weeks, between the hours of three and five o'clock in the afternoon-a time chosen because it conflicts least with regular office hours. It is important to remember when planning such work that a doctor must not be penalized for his desire to do graduate work. Both longer and shorter courses are also offered in accordance with the requests made for them. No courses are given during the summer months. The competition with golf and the vacation spirit is too great.

The most repeated demand today is for courses which reduce the new medical knowledge to handy, usable formulas. overwhelming desire seems to be for practical material and for clinical work which will give the doctors an opportunity to do actual work under the supervision of a competent instructor.

Requests from doctors, outlining material they would like to have included in the courses, do not of course always conform with the approach that the in-

structor thinks best. The man directing the course on diabetes may say, for example, that the work should begin with a study of blood chemistry. The student doctors want something they can use immediately. A compromise has to be effected.

The subjects of the most popular courses which we have thus far scheduled, and those which have been repeated most frequently are diabetes, varicose veins, intercraniology, diseases of the thyroid, obstetrics, fractures, diseases of the heart, stomach, and intestines. There is also a keen interest in practical business problems; and special courses have been given in such subjects as "contact with patients" and "office routine."

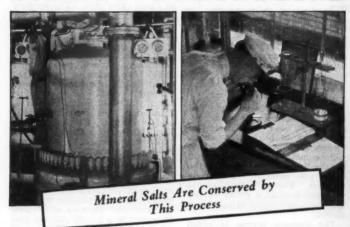
Obviously, the success of any system of postgraduate work depends upon the inherent worth of the courses. Doctors are quick to recognize a poorly planned and inadequate lecture. They will continue to attend the courses only if they feel they are getting

something of real value.

There is no greater service that organized medicine can render to public health than by providing a means for the practicing physician to continue his medical education. If only one doctor who has taken a course in intestinal disturbances recognizes in the unyielding abdomen of his patient the symptoms of a perforated gastric ulcer, and by a proper diagnosis is enabled to save the patient, that course will have been worthwhile. If only one doctor in a group which has worked on a particular obstetrical problem is able to save a maternity case by applying up-to-date methods in its treatment, that course also will have been worthwhile.

A vast amount of work must be done in graduate medical education. And the logical organizations to carry it on are the county medical associations.

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AFTER each Gerber product has metal strainers that remove coarse fibre and give each product its smooth finely subdivided texture, it is automatically conveyed to vacuum kettles where any excess of moisture is removed to maintain the uniform Gerber consistency.

From these vacuum kettles samples are drawn at frequent intervals and passed to the adjoining control room. Some products are tested by a viscosimeter and some by a refractometer, as it has been determined that no one method will give equally accurate results on all products. From seed selection to final processing in the hermetically sealed container every step is under the exacting regulations that have developed through Gerber's years of experience in the specialized field of preparing strained foods for infants.

Regulation of moisture content is but a single step in the Gerber job of growing and preparing vegetables for babies in such a way as to insure a high degree of conservation of minerals and vitamins in baby's strained foods in order that the physician can recommend them with complete confidence in their uniform goodness.



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9 Strained Foods for Baby

Strained Tomatoes . . . Green Beans . . . Beets . . Vegetable Soup . . Carrots . . . Prunes . . . Spinach . . Peas . . . 4½-0z. cans, Strained Cereal . . . 10½-0z. cans.

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Hermits Gather No Laurels

By ROBERT S. CLEAVER, M.D.



BECOMING well known in the community in which he lives and practices is undeniably an important part of the doctor's job. For wide acquaintanceship brings a wide practice, without any doubt.

What can the medical newcomer do ethically, then, to achieve recognition as a personage
in his community and its affairs?
Answering that question directly
from my own experience, I believe
that, if he wants to be genuinely
accepted in his town, the physician must show a willingness to
enter into local activities. The
best way of becoming acquainted
with your townspeople is by associating yourself with them in
doing something for your community.

In 1919, when I came to Brewster, New York, the town in which I now practice, it was as a total stranger. Today, as I drive or walk about the town, it is only occasionally that I can say to myself, "There's a house I've never been inside."

★ "How vital a figure the physician cuts in the life of his community depends in large measure on how well known he is and how much he means to it."

For it is a fact that I not only know almost everybody in the town, but I have made social and professional calls at virtually every home in the surrounding countryside.

Picking a town in which to practice medicine is an important matter. Settling down and making good with the citizens is even more important.

The choice of a location is, in most instances, determined by happenstance, as the popular "You cannot feed babies with mathematics



you must feed them with frains "

These words, uttered some forty years ago by Jacobi, father of American pediatrics, still hold true. You cannot feed babies with mathematics. Only by thorough clinical tests and laboratory experimentation, plus the skillful use of the facts gathered by these check-ups, can a good baby food be determined.

For almost twenty years DRYCO has adhered to this commonsense principle. This is one of the reasons why DRYCO is the choice of so many pediatricians, physicians and obstetricians. They know DRYCO assures optimum nutrition, with real living cells, not water logged tissue that appears to be solid.

- DRYCO contains less (though ample) fat content than natural milk. By the "Just" Roller Process, the remaining fat globules are so reduced and the proteins made so friable that high tolerance and rapid assimilation is certain. For this reason DRYCO is the baby food of choice when routine or concentrated feeding is desired.
- DRYCO contains an optimum amount of protein and minerals—cspecially vital in the fast-growth period.
- DRYCO contains a plentiful supply of the necessary Vitamins, particularly Vitamin D, which is transmitted to DRYCO by irradiation.





Feeding babies with DRYCO is feeding them with brains. For optimum nutrition...for maximum resistance to diseases of infancy... for solid-boned, solid-celled babies...try DRYCO clinically. Send for samples and clinical data. They will be forwarded promptly.

DRYCO

Made from superior quality milk from which part of the butterfat has been removed, irradiated by the ultra-violet ray, under license by the Wisconsin Alumni Research Foundation (U. S. Pat. No. 1,680,818) and then dried by the "Just" Roller Process.

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writers would express it. So it was, in a way, with my choice of Brewster.

After being graduated from medical school in 1916, and following three years' service in the army, I was faced with the problem in 1919 of finding a place in which to set up in civilian practice again. I found it a rather difficult problem. In general I was well satisfied with the results of a preliminary survey in one community that I considered. But here the sticking point proved to be my inability to find a suitable combination home and office.

In my indecision, I determined to go up to Schuylerville, New York, my home town, for a two weeks' vacation. While there, I visited our family physician one day and got to talking over the matter of a location with him. During the conversation, he told me of an opening at Brewster, where a long-established physician had died recently, leaving but one other medical man in the town. He suggested that it might be a good thing for me to run over and take a look at the place.

This I did, and found Brewster to be a town of about 4,000 population, in which my first contact was with one of the local drug-

This man warmly encouraged the idea of my coming. There was no hospital in town, he pointed out, but conditions otherwise were good. After looking around carefully, my wife and I agreed, so we decided to adopt Brewster as our home for five years and see how the experiment worked.

As the result of buying the practice of a man who had had an excellent reputation in the community, I, of course, had patients from the start. Nevertheless, I realized that my practice would grow more or less in direct proportion as I came to know the people and the people came to know me.

How to go about becoming well acquainted?

As I have already remarked, my first contact was with one of the local druggists. The next one of moment was with the Presbyterian minister, a close neighbor of ours.

I happened to be a member of the Dutch Reformed Church, and my wife was a Methodist. But we decided to compromise and become Presbyterians.

Immediately our circle of acquaintanceship was broadened considerably, right in the church. Furthermore, the minister, who had been there for some years and was very well known throughout the community, took it upon himself to escort me around in person and make me acquainted with a good number of the townspeople.

So far, so good. This much effort and perhaps a little more would have been expended by any professional man in order to become acquainted in the town where he proposed to practice. The average commuter, even, would be expected to do as much, despite the fact that this particular community is, so far as he is concerned, a "dormitory town" only, his economic status being influenced neither one way nor the other by his being well known in the town.

The problem of a physician's becoming acquainted in his neighborhood is different, of course, from that of, let us say, a merchant just opening up a new business. The latter can have a specially advertised opening event to announce his coming, and he can maintain a more or less continuous direct advertising campaign through the local newspapers, through circulars, through direct mail pieces, and what not. And after all, while his personality is undoubtedly a

[Continued on page 99]



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Pulvoids Natrico Brunton-Thrush Formula

Containing potassium nitrate, sodium nitrite, nitroglycerin and crataegus oxyacantha sugar coated, green color to dissolve in the intestinal tract, thus avoiding gastric disturbance.

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...Is an effective, detoxicating agent which acts by oxidation and reduction, in the treatment of atrophic, hypertrophic and mixed type Arthritis...And, for indicated dermatologic conditions.

SULISOCOL is an autoisotonized soluble colloidal sulphur in sterile aqueous clear solution—having the characteristic color of sulphur... It remains in a fine state of dispersion indefinitely and does not agglomerate as do other forms of inferior Colloidal Sulphur... Its activity becomes pronounced and colloidality enhanced upon contact with the blood... It is a leukoblastic stimulant capable of phagocytic activity... And, has a true non-specific immunizing action.

... Intravenous injections are preferred and may be effectively used intramuscularly.

SULISOCOL is safe, painless, nontoxic, and non-irritating to use, practically painless to inject. Malaise and pyrexia do not follow.

Prepared in 1cc Hyposols (ampuls) for ordinary use and 2cc Hyposols for chronic and more severe cases— 1cc containing 10 Mgm. and 2cc containing 20 Mgm. of Colloidal Sulphur with Sterile Aqueous Isotonic Solution.

Packaged: 1 ce Hyposols SULISOCOL 25—\$5.50 100—\$18.00 2 ce Hyposols SULISOCOL 25—\$8.50 100—\$30.00

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THE NEWSVANE

Regimentation Decried

Another in the current series of attacks against compulsory health insurance was launched last month in the *Literary Digest*. Said Dr. Nathan B. Van Etten in the July 14 issue of that weekly:

weekly:

"Compulsory health insurance abroad involves regimentation. It has not improved the public health. It can not provide reasonable compensation because of the inevitable administrative costs. Political tendencies are unavoidable.

"The distribution of medical service to the entire population admittedly is faulty, but steadily diminishing morbidity and mortality rates in the United States justify the opinion that medical service to all the people is im-

proving in quantity and quality.

"The propagandists say that there must be 'Executives to set up and administer the scheme... Professional agencies to care for the problems of education and investigation, and to administer the professional service,' and a 'judicial agency combining lay and professional members to deal with complaints and grievances,' erecting bureau upon bureau.

"In forty-four states compulsory compensation insurance laws involve similar expensive administrative machinery, which is rarely satisfactory and largely riddled with scandalous racketeering.

"In small towns the schemes are sometimes meritoriously operated, but in every city in the

country they are dominated by

malignant influences.

"Compulsory health insurance to replace contract practice might be a step forward; but, in the United States, where most of the physicians are 'on their own,' compulsory health insurance would be a backward step from independent service, however poorly paid, to dead levels of governmental servitude."

Narcotic Tax Drive

The Bureau of Internal Revenue is out to get the scalps of any physicians who handle narcotic drugs and have not registered or paid their special taxes, penalties, and interest due the government.

In a check-up by Treasury Department narcotic officers, covering one presumably typical locality, 12½ per cent of the physicians questioned had failed to register and obtain tax stamps giving them the legal right to dispense and prescribe narcotics. Some of the practitioners admitted that they had not registered or paid the special taxes for sixteen years.

Accident Facts

About 90,000 accident fatalities occurred in the United States last year, states the 1934 report of the National Safety Council. This figure marks a slight increase from 1932, but is still 10 per cent below the all-

MERCK SODIUM PERBORATE FLAVORED

ALKALINE IN REACTION

A PROMINENT professor of medicine and therapeutics says, "Because of their mild alkalinity, freshly made solutions of sodium perborate are especially useful in those diseases of mucous membrane where the acidity of the ordinary hydrogen peroxide is an objection."

Merck Sodium Perborate Flavored has come to be widely used and recommended by physicians for the treatment of mouth infection and for the maintenance of oral hygiene. It is considered of specific value in the treatment of Vincent's Infection and is widely prescribed as a gargle for various forms of tonsillitis and pharyngitis. The peppermint flavor leaves a clean, refreshing feeling in the mouth. In rhinitis it may be used as a spray in 1%-2% solution.

Your patients may obtain Merck Sodium Perborate Flavored at drug stores in 2-oz,

and 1/4-lb. tins.

Send for literature on the use of Merck Sodium Perborate Flavored in the treatment of certain diseases of the mouth, nose and throat. A complimentary package will also be sent to you. Use the coupon.

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Rahway, N. J.

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time peak of 99,300 in 1930.

Curiously enough, the accident death rate is higher in rural than in urban areas, the Council points out. This may be due, it is believed, to the greater interest in safety among reporting cities.

Figures published in the 1934 report also demonstrate that the four principal classes of accidental deaths and the total number of 1933 fatalities in each are as

follows

Motor vehicle, 31,000 Home, 29,500 Public (not motor vehicle), 17,500 Occupational, 14,500.

Free Clinics Deserted

Ten nurses spent three months this year ringing 8,900 Sacramento (Cal.) doorbells. A public health survey, financed by CWA funds, was the reason; and the results of their work, just revealed, indicate that in this community at least only a few people visit free clinics.

As proof, apparently, of the belief that the family doctor still holds full sway in Sacramento, the investigators report that 63 per cent of the city's adults and 49 per cent of its minors have a private physician. Only 9 per cent of the adults and 13.6 per cent of the minors avail themselves of free service in clinics.

Radio to Aid Arctic M.D.'s

Groping their way through driving blizzards, battling almost impassable snowdrifts, for hours, sometimes days, often to find the patient long since dead—that has been the lot of Canada's medical practitioners in the far north. Winter after winter they have watched the tragedy of men and women dying from lack of prompt medical attention.

Recently a ray of hope penetrated the scene. A move is now being sponsored, it seems, to institute a medical service for isolated communities via the radio.

When a patient in some remote village requires medical attention, and a physician is not readily available, the symptoms, it is proposed, will be radioed to Ottawa. There a doctor will read the report; and, after arriving at a diagnosis, will take up the microphone and prescribe treatment for the case.

Should medicine be indicated, the physician's prescription may be filled at the local settlement where a stock of drugs is always maintained for emergency use.

Hospital Insurance

Group hospitalization, spreading steadily over the country in recent months, promises to invade New York City with a rush this fall, gathering about 100 hospitals into its fold at once.

First step in the process was the formation last month of the non-profit Associated Hospital Service of New York. The new corporation, to be backed by \$25,000 which the United Hospital Fund is now attempting to raise, will offer hospitalization on a voluntary insurance basis to small-salaried employees and wage-earners.

Every A.C.S.-approved hospital in the New York metropolitan area, as well as a number of proprietary hospitals approved by the State Department of Welfare, will be acceptable for membership in the organization. Following its first six months of subsidized operation, the project, it is believed, will be self-supporting through the monthly contributions of its beneficiaries.

Theorist and Realist Clash

Arch-enemies of socialized medicine are rubbing their hands over the story now being told about the Midwestern economics professor who outsmarted the college's number one socialist.

[Turn the page]



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have been EXTRA HEAVY pads. Made of fine mesh gam (22 x 18 construction), you get more threads per square ind. greater absorbency, and greater strength. Each machinefolded pad has all raw edges turned in, is packed in an indvidual glassine envelope and steam sterilized after sealing Five different sizes provide a pad for every requirement. The coupon will bring you samples.

THE BAY COMPANY PARKE. DAVIS & C

Following the final examinations in June, the professor announced a new method of grading. Instead of giving each student a different mark, he explained, the grades had been totaled and divided by the number of students in the class, so that each would receive an average. In this instance every man in the group received a 77.

Still trying to digest this disturbing piece of news, the young follower of Karl Marx rose from his seat in indignation to declare that he had "boned" night and day for a week preparing for the test, and that it was a gross injustice for him to be given a grade no better than that of his less well-informed classmates.

"Really," replied the professor,
"I'm sorry that the new arrangement doesn't meet with your approval, because I got the idea
from you!"

Medical Economics Club

Only about two-thirds of Chicago's patients are treated by private practitioners, declares the official publication of the Chicago Medical Economics Club:

"The private practice of medicine in Chicago is now in danger of destruction. The medical profession has been repeatedly warned by lay journalists as well as by officials in medical organizations of its desperate position. Insidiously and progressively, patients have been taken from the private practitioner by insurance companies, federal hospitalization of veterans, public health boards, medical schools, falsely labeled

humanitarian public health institutes (supposedly not for profit), as well as by corporations bracer,

ly practicing medicine for profit."
The group proposes to provide the machinery for an ethical, intelligent correction of the multitude of evils which have crept into medical practice during recent years.

Modern Methuselah

The latest theorist to explain how entirely superfluous the medical profession is, and how unnecessary it is for people to depart this world before having arrived at a really ripe old age, is Professor E. H. Baker, former research worker at the University of Chicago.

Professor Baker, now 75, but said to look 40, is on a world tour, taking the chest measurements of old people in all countries. At Nice, France, recently the Professor aired his views to a United Press correspondent:

"A man can live to be 200 or more, and can be a Don Juan if he likes to, right up to the time of his death—and that without the aid of sex gland implantations or injections of glandular extracts.

"People die young and get old because they breathe wrong. The heart is good for hundreds of years, and so are the other vital organs. No doctors are needed, no medicines, no implements—just a normally good heart and a pair of healthy lungs. Breathing will make the lungs good and keep the heart young."

Selah! [Turn the page]



Nujol has long been approved by the profession as of correct viscosity and assured purity for lubrication therapy. Nujol is now available in emulsion form as Cream of Nujol. This new preparation is extremely palatable. Both products are non-medicated and their action is entirely mechanical. For samples address Stanco Inc., 2 Park Ave., N. Y. C.



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This unique time-saving container is ready for immediate use with any of the approved technics —multiple pressure, puncture, or scratch.

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New Hope for Pediatricians

Statisticians of the Metropolitan Life Insurance Company looked up from their work the other day, pleased. A study they had made of reports received from some 21 states uncovered the encouraging information that the marriage rate in this country has increased 4.3 per cent.

"It's a turn in the right direction," they declare, "and one of the best proofs of better times... A sizable proportion of the two million young men and women who postponed marriage during the difficult days of the depression are plucking up courage and getting married as young people should."

Medical Patents Prohibited

In accordance with a new faculty ruling, scientific workers. in the laboratories at Harvard University will no longer be allowed to patent inventions and discoveries relating to matters of therapeutics and health, states the July 18 issue of *The Nation*.

"It would seem to be so obvious as not to be worth voting on," the magazine points out, "that the results of medical research in such a quasi-public institution of learning as Harvard should be given freely to the public."

Child Messiah

To a peasant woman in Mexico last month a child is reported to have been born who, immediately upon seeing the light of day, began to discourse in Spanish about various dire happenings which it predicted would befall the world.

According to dispatches published beneath eight-column headlines in Mexico City's leading newspapers, the infant observed solemnly a few moments after delivery: "There will be six months of calamities, and which do you prefer, storms or earth-quakes?"

"Earthquakes," everyone pres-

ent answered.

"So be it," the child is said to have replied, after which he warned the midwife against severing him from his mother. The midwife failed to obey and the infant died at once.

Insanity Among Veterans

The number of former service men now suffering from mental disorders far exceeds the hospital facilities available for their care, reports Watson Miller of Washington, D. C., chairman of the American Legion's rehabilitation committee.

"I think their trouble comes not so much from their actual war service as from the great difficulty of readjusting them-selves to quiet civilian life," adds Bert L. Halligan of Chicago, field secretary for the organiza-

tion.

Vaccination or Jail

"Better life imprisonment for me than vaccination for my two children," said John Marsh, in



It's Portable Ready for use Always DAVIDSON'S Pneumothorax Apparatus

Single control valve operates both reservoir and manometer. Fluid in reservoirs and manometer can not be spilled when valves are closed. Apparatus may be removed from carrying case and suspended elsewhere. Initial filling under theoretically exact conditions—refills correctly measured. 37.5.00 at your dealers complete with tubing and needles. WHITE FOR FREE COPY OF PNEUMOTHORAX THERAPY BROCHURE.

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RICH RED BLOOD

or blood richness, is the main desideratum in many cases—richness of the circulating fluid in those important basic elements of vitality—hemoglobin and oxygen.

GUDE'S PEPTO-MANGAN

infuses this desirable richness in cases where indicated, by furnishing necessary hemoglobin-carrying element—iron and manganese with copper—in a form for almost immediate absorption. Repeated "blood counts" as well as clinical experience go to prove this statement.

Literature, samples and further information on receipt of professional card.

M. J. BREITENBACH CO. 160 Varick Street New York, N. Y. effect, as he loped into the Carlisle (Pa.) Jail last November.

Convinced that vaccination causes blindness, Marsh, a local farmer, had vowed that he would never allow either his son or his daughter to submit to the needle. Without it, however, they could not attend school. And failure to do so meant breaking the law—which their father did willingly.

The farmer's aversion to vaccination is explained by the fact that nine years ago two of his brother's children went blind after one of them had been vaccinated. Both afflictions, the parents insist, were caused by the one vaccination.

Despite a seven-month sojourn in jail and reiterated protests against the calamity he declared would befall his boy and girl, John Marsh saw them vaccinated by a court order a few weeks

ago.

Both are back in school, according to latest reports. Neither is blind.

Doctors Form Equity Union

A medical counterpart of the Actors Equity Association has recently been started in New York City. This mutual organization, known as the Physicians Equity Credit Union, is described as "A voluntary association to advance, promote, foster, and benefit all those connected with the practice of medicine; to protect and secure the rights of physicians; to assist physicians to become established, with proper compensation therefore; to procure appropriate legislation upon matters affecting their profession; and to acquaint the public with the economic difficulties confronting medical men.'

A leaflet setting forth the objectives of the Union declares:
"It is just about time that the public knew at first hand the difficulties we are up against.

difficulties we are up against. Moreover, considering that so many organizations feel it their duty to strike the medical profession in the back, it is just about time that we began to do some publicity work on our be-

Sharpshooter Claims 223
Residents of Hiawassee (Ga.)
are turning up disdainful noses at Ovila Dionne, father of Corbell, Ontario's famed quintuplets. William Kinsey Garrett, their nominee for the hall of fame, has a much better claim on the honor, they feel; for he is said to have chalked up the amazing total of 223 children, grandchildren, and great grandchildren. Garret was a sharpshooter in the Civil War.

Superabundance of M.D.'s

Sharply reduced by restrictive (anti-Jewish) legislation enacted during the past year, the number of practicing physicians in Germany is still excessive, states U. S. Consul S. B. Redecker of Frankfort-on-Main.

It is expected that some 3,500 persons will receive medical degrees this year—followed by an increase to 4,000 in 1935 and a further increase to 4,500 in 1936.

Since ordinarily there is need in the practicing profession for only about 1,500 new physicians annually, the number of gradu-ates in 1935 will be almost three times the number actually needed.

Easy-to-Make Clinical Photos

[Continued from page 20]

graph, the background is an important factor in securing a good finished result. It must be plain -preferably white, gray, black. Objects such as tables and chairs detract from the subject and should not be allowed in view. Ordinarily, a white sheet or blanket hung against the wall makes a good setting and is easily obtained.

In placing the patient, one or two simple pointers deserve at-

Safe, Usually Bloodless, Time Saved

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COMPREX COAGULATOR

Price \$100. with foot switch, 8 ft. cord, weight 13 lbs. Operates biterminal and other types of coagulating electrodes.

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TOO YOUNG TO VOTE? NO SIR!

ON the important question of vegetable feedings—this young citizen casts the one deciding vote.

His doctor and his mother can do all the spinach stump-speaking... all the carrot-campaigning... in the world—but unless Baby likes his vegetables—he just won't have any, thank you!

Clapp's Baby Foods usually get his vote! And for a simple, sensible reason. They're always uniform in flavor and texture. There's no disturbing variation from day to day as there inevitably is when coarselystrained, home-prepared vegetables are used.

Even tiny babies learn to take Clapp's readily. The silky smoothness of these finer baby foods makes the transition from liquids to semisolids an easy one.

Send for free comprehensive new booklet of recent findings on Infant Feeding. Address Harold H. Clapp, Inc., Dept. 86, 1328 University Avenue, Rochester, N. Y.

15 VARIETIES

The World's Largest Baby Menu

Baby Soup (Strained) . . Baby Soup (Unstrained) . Vegetable Soup . Beef Broth . Wheatheart Cereal . . Spinach . . Carrots . Peas . Asparagus . . Tomatoes . Beets . Wax Beans . Prune Pulp . . Apricot Pulp . .

Apple Sauce.

The first Clapp Baby Food was made—
nearly fifteen years ago—under the supervision of a Rochester pediatrician. As the need
for a wider range of supplementary foods developed, the Clapp line was extended—always
with close medical cooperation and constant
laboratory control.

Today Clapp offers the largest variety of approved infant foods in the world—fifteen varieties of vegetables, soups, fruits, and cereals. All made under hospital standards of cleanliness. All cooked in glass-lined vacuum kettles—to protect the vitamin content. Mineral salts are conserved in high degree.

CLAPP'S

Baby Soups and Vegetables



NOW 15#

In The New Enamel Purity Pack tention. If the lesion to be photographed is covered by clothing, the clothing should be removed so as not to show in the picture. Merely opening the clothing or folding it back detracts from the whole.

In making pictures of the face or head, the camera should be so close that only the head is in the picture. In such a case the diaphragm should be closed enough to give sufficient depth of focus to have the entire head sharp and clear.

The patient should be placed before the background in such a position that the area to be photographed will show best. If the subject is seated there is less chance of movement spoiling the

picture.

The camera, which should be on a light tripod, is placed before the patient, the lens being on a level with the area to be photographed. If one light is being used, it should be placed close to, and a little in front of, the camera. The light should be slightly higher than the lens of the camera and arranged so that its rays fall directly upon the area to be photographed.

Always try to avoid sharp black shadows. By using two lights of equal intensity this danger is lessened; however, these lights should be at different distances from the patient otherwise undesirable flat lighting will

rogult

With the lights arranged, the lens and diaphragm should be opened, the viewing glass put on the back of the camera, and the subject centered and focused. Upon securing the sharpest focus possible, the shutter may then be closed, the viewing glass removed, and the film holder fitted in place. Pull the black slide out of the film holder, close the diaphragm to the desired setting, and make the exposure that you have previously determined.

After exposing, change the film immediately so as to avoid making a double exposure. Before removing the film holder from the camera always be sure that the black metal slide is re-

placed.

The proper exposure is always determined by the amount of light used. By making a few trials one can find the exposure that should be employed with his lighting

unit.

Here are a few approximate exposures which may be a guide for determining the correct one: Using one photo-flood bulb in a reflector, an exposure of 1/5th of a second may be given with the diaphragm set at F:5.6. If the patient can hold still for a longer exposure, greater depth of focus can be obtained by closing the diaphragm to F:16 and giving approximately one second.

In the case of children or nervous adults who can not hold still long enough for a normal exposure, a photo-flash bulb may be used. This is a bulb designed for obtaining a single flash and can be used only once. It is the best kind of lighting for clinical

Nujol and the new Cream of Nujol

Nujol has long been approved by the profession as of correct viscosity and assured purity for lubrication therapy. Nujol is nowavailable in emulsion form as Cream of Nujol. This new preparation is extremely palatable and is often preferred where patients evince an aversion to oil. Both products are non-medicated and their action is entirely mechanical. For samples address Stanco Inc., 2 Park Ave., N Y.C.

THE PROBLEM OF BLOOD-HUNGER

In the anemias associated with pregnancy, childbirth, surgical operations or debilitated conditions generally, when there is a definite decrease in hemoglobin and a general let-down in the body metabolism, an increased supply of hemoglobin is primarily indicated. The depleted body-tissues hunger for more and better blood.

The iron content of the food which can be assimilated is usually insufficient to meet the demands of the blood-hungry tissues. Fresh hemoglobin must be introduced. In such cases, Ovoferrin has served with signal success for

many years.

Ovoferrin is more than a blood-builder. It is a tonic and reconstructant of high degree because, in the words of a distinguished English physician, "it acts more promptly as a hematinic than any other form of iron; is acceptable to delicate stomachs even when other medicines are rejected; does not produce constipation; has a beneficial influence upon appetite and digestion; and has marked effects in improving the general nutrition as evidenced by increase in weight and general sense of well-being."

Every tablespoonful of Ovoferrin (the adult dose) contains one grain of metallic iron in colloidal form. Taken with a wine-glass of water or milk before or after meals, Ovoferrin is assimilated by the most delicate stomach; moreover, it does not irritate the teeth and mouth and is pleasant to take. For children, one or two teaspoonfuls.

Ovoferrin is prescribed in 11 ounce bottles.

A. C. BARNES COMPANY (INCORPORATED)

New Brunswick, New Jersey
Sole Manufacturers of Ovoterrin and Argyrel

cases, but the expense may be prohibitive for regular use.

Flash bulbs sell for twenty-five cents each. They may be used in the same reflector that is employed for ordinary lighting; however, they must not be turned on till the exposure is to be made.

When using a flash bulb, focus the camera, set the shutter at T (time), close the diaphragm to F:16, and expose. The exposing is done by opening the shutter, firing the flash bulb, and closing the shutter immediately. No other lights should be on at the time of exposure.

The farther the camera or lights are from the subject, the more the exposure increases. After making a few trial pictures the correct exposures will be found and should be written down and followed. A standard set of exposures is an important factor in securing uniform negatives. In the event that two lights are used, the exposure will be just half that required when using only one.

The task of processing the films should not cause any difficulty. If the physician does his own X-ray work, the films can be developed in his own dark room. If not, any commercial photographic firm will develop and print them at a nominal cost.

Watch Your Approach!

[Continued from page 21]

merely buy his book or medicine to enjoy perfect bliss.

Now this kind of rough and ready psychology may produce results for the drummer, the patent medicine man, and the news-sheet columnist. But for the doctor it's insidious stuff, likely to undermine the best practice in time.

For, after all, most people have in the back of their minds a certain pattern by which they judge a physician. They don't expect, nor do they want, him to be a performer. From their closest adviser, of all people, they demand sincerity, understanding—all the qualities that fulfill the age-old concept of "The Great Healer."

"He's a born showman," is often the explanation given for some famous practitioner's success. Yet this is probably a far cry from the truth.

No physician who has made medicine his life as well as his livelihood would stoop to stageplay as a means of achieving fame. And even if he did, his efforts would prove abortive. He

HEPVISC REDUCES BLOOD-PRESSURE YOUR "SPHYG" WILL PROVE IT

Don't take our word for it. Prescribe Hepvisc (3 to 6 tablets daily, ½ hour before meals) in your next case of high blood-pressure, and check results with your sphygmomanometer.

Hepvisc combines Viscum album with hepatic and insulin-free pancreatic extracts (hypotensive synergists).

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PLEASE ACCEPT

These new up-to-the-minute NUTRITIONAL CHARTS

Valuable reference manual of vitamins and mineral data and food composition

N collaboration with Mellon Institute, the Research Department of H. J. Heinz Company recently compiled this series of quick reference charts. Many physicians and dietitians have found them highly useful and accurate.

They contain authenticated data concerning the vitamins, mineral nutrients and detailed composition

of the various vegetables, fruits, cereals, nuts, meats and dairy products. Each chart also includes data on alkaline and acid effects of foods.

The nutritional charts have been published in behalf of Heinz Strained Foods: - Mixed Vegetables, Peas, Green Beans, Tomatoes, Carrots, Spinach, Beets and Prunes—the strained foods of higher vitamin and

mineral values than those of most home-cooked vegetables.

The House of Heinz offers these charts, free of charge or obligation, to members of the medical profession. Merely request your copy on your professional stationery, or use the coupon. Address H. J. Heinz Company, Dept. ME108, Pittsburgh, Pa.



The coupon at right brings you your copy of this remarkable manual of nutritional facts.

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HEINZ Strained Foods

A Group of the 57 Varieties

might convince a few credulous individuals on the lower rungs of the ladder, but those at the top would see through his performance like so much cellophane.

Success in medicine is not the offspring of ordinary showmanship. Its secret is true professional skill, coupled with an aptitude for the subtlest kind of

patient psychology.

The genius in our profession inspires his patients with a new morale, a new confidence. He has that something in his make-up without which all the scientific ability in the world is of little avail.

Inscrutable as this power over patients may seem—this power which seems to distinguish the great from the mediocre in medicine—it is not entirely unfathomable. Certain forms of strategy appear to be common to almost every leader in our profession.

Take the smile, for example. It may sound like kindergarten psychology to discuss the value of a smile. Yet smiling is an art.

I doubt if we should ever let an unsmiling patient leave our offices. I once watched the late Abraham Zingher give scarlet fever inoculations to a group of children. They stung a bit. And a few cried. But not for long.

He smiled. The children soon smiled. And all was forgiven.

The smile—and I know one mortician who has it par excel-lence—should be an expression of sympathy and understanding. Don't grin. People may think you are smiling at them, not with them.

Nor should you wear that milkand-honey smile immortalized in the couplet about the young lady of Niger who smiled as she rode on the tiger. For, remember, it was the tiger that smiled last.

Undue laughing and back-slapping are even worse. Those who go in for this sort of thing tend to deceive themselves about the

effect produced.

No, the smile is that of an eminent brain surgeon I know—you'd recognize his name if I mentioned it—a man who invariably has a kindly smile on his face and another in his voice. His pleasant manner, I am sure, is what leads his patients to place their big gamble gladly in his matchless hands.

And your smile can't be for bright days only. In circus parlance, "the show must go on"—regardless of your own sinusitis or the mortgage on the house or a hundred other distracting influences.

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FOR YOUR G.U. PATIENTS

A pad of printed prescription blanks listing the G. U. styles of Asepto Syringes is yours for the asking.

It offers a convenient means of avoiding error on the part of patients. It simplifies recommendations.

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Do you know
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DESIGN—Elastic waistband; elastic leg straps. CONSTRUCTION — Specially knitted

CONSTRUCTION — Specially knitted Celanese pouch; opening drops below edge of waistband to prevent constriction. PRICE — O. P. C. No. 2, preferred by most users, \$1. Other styles up to \$1.50.

These two photographs and descriptions show the great difference between two very popular suspensories. They demonstrate the reason why we have prepared the Suspensory Guide—to help you make sure that your suspensory prescriptions are correctly filled. In the Guide you will find detailed information about Bauer & Black Suspensories.

Your copy of the Suspensory Guide will be mailed to you, without charge. Simply write or use the coupon below.



DESIGN - Non-elastic waistband; single strap construction.

CONSTRUCTION - Knitted pouch of rayon, cotton and rubber; front piece, white cotton.

PRICE — Auto No. 16, extremely popular, 50c. Other styles up to 75c.

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refuge can not, to mix metaphors, have feet of clay or red-chile tempers. Even a doctor's own fraternity are inclined to discount and dislike an irascible colleague.

Of course it's not only a question of setting up the right atmosphere of confidence and trust. Other factors count too.

The doctor's frankness with his patients has been a debated question for years. When it comes to breaking bad news, should he be outspoken or closemouthed? Personally, I always feel that a physician accomplishes little by trying to be an Atlas, carrying the whole world on his shoulders.

There's another kind of truthtelling which counts heavily, too. What do you say when patients ask you about supposed scientific advances of which you have never heard? Do you admit that you can't answer them offhand?

I do—almost every day of my life. Patients have an uncanny way of knowing when a doctor is covering his ignorance; whereas if you confess that an idea is new to you, adding that you think you can find out about it, your word will be taken thereafter on a thousand things.

People today realize, from their own shortcomings, that no one, even a skilled professional man, can know everything. And playing oracle went out with the

Prince Albert coat.

A good office and bedside manner must also be included in the armamentarium of the well-equipped medical man. This used to be one of the prides of the old family doctor, but few possess it now. Some of the younger men especially—those who think medicine is an impersonal, cold-blooded proposition—would do well to improve their methods in this respect.

Among women, not long ago, a French word, soignée, had a great vogue. Perhaps a good translation is: "to the manner born." My dentist has it. He has his standard office greeting, his farewell. He can be friendly without being familiar.

Unfortunately, Bedlam seems to prevail in all too many medical offices. There may be organization. But it's hard to find. The doctor appears always to be saying "Try and catch me" or "I'm in a hurry. My time is valuable. Get it off your chest and get out."

The patient spends good money to consult his doctor. He should not be made to feel like a brush salesman with his foot in the door about to be ejected

door, about to be ejected.

And another thought: when you have recommended a certain course of treatment for a patient, it is up to the patient and not you to assume responsibility for whether it is carried out or not. I deal with husiness people all the time. "What's he trying to put over on me?" is the mental

For Leukorrhea or Hemorrhoids Think of "MICAJAH"

Mail the coupor

Since 1883 physicians have prescribed Micajah's products for treatment of leukorrhea and hemorrhoids. Time has proven their value.

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MICAJAH'S MEDICATED WAFERS, for vaginal application, quickly check leukorrhagia. They are astringent, styptic and decongestive—ideal for treating the mucous membrane of the vagina. One Wafer is inserted high up in the vagina after a cleansing douche. Advertised to physicians exclusively.

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Doctor! CHECK THIS CHART

The many uses of ALKALOL will surprise you

Ears	Cleansing, soothing.
Eyes	Very soothing—even in infants' eyes after silver treatment.
Nose	Widely used as douche or spray in coryza, rhinitis, hay-fever, or any nasal affection
Throat	Immediate relief, soreness, "tick- ling," coughing.
Mouth Teeth	Dentists endorse it.
Burns, Bites Bruises Fevered Brow Hemorrhoids Varicose Ulcers	Kept in contact by means of saturated cotton or gauze, is a pleasant surprise to physician and patient.
Bladder	For irrigation—soothing, pus and mucus solvent.
Diabetic Lesions	Relieves irritation.



This new eye dropper bottle of ALKALOL contains the same ALKALOL as supplied to the Medical Profession for more than 30 years. It is not a new product—merely a new package.

Then send for this FREE sample in ALKALOL'S new eye dropper bottle

The new eye dropper bettle enables you to make the most convincing of all tests—a trial in your own eyes.

And as you make this simple test, and note ALKALOL'S wonderful soothing, healing action on the delicate membrane of the eye, it will immediately stand to reason that ALKALOL must be equally efficacious in any of the applications suggested in the chart above.

For years, physicians and specialists have used ALKALOL to clear the eyes of infants after silver treatment—and it is widely used by eye specialists.

Remember, ALKALOL is thoroughly different from anything on the market today. Owing to its physiologic balance, ALKALOL feeds and stimulates the cells through absorption, thereby building resistance to infection. ALKALOL builds as it cleans and soother—moreer trilates.

Your name and address on a card will bring a sample at once.

THE ALKALOL CO. Taunton, Mass.

question they ask if you start forcing an idea down throats.

I'll grant exceptions where life and death is at stake. But few tonsils come out that could not wait for a little thought. And of a good many chronic appendices the same is true.

"I have everything to give you and nothing to sell," is what, in effect, I tell those whom I advise. The inference is that I have given my best advice. I can not in professional dignity do more.

At the same time I try to make patients understand why certain advice is given. It is not "because I say so," but because of definite reasons based on definite findings that so and so seems to me the

wise step to take next.

True, my advice is not always And I still recall a followed. mother who came smiling into the office one day to tell me that. Johnnie had just been accepted by Doctor Smart "for his research." What was going to happen in the research was precisely what I had advised Johnnie's mother to do with him for the past two years. Ingenious, this research idea. Certainly. So are New England Jack Murray's ways of selling subscriptions.

There's psychology, too, medical fees. The public is thoroughly convinced that the rank and file of doctors overcharge. They hesitate to go to certain eminent men because they fear the fee will be beyond their ability to pay. And I must admit I think this idea has not been sufficiently aborted.

The layman wants you to have

years of training and experience. a reputation second to none, and a glittering array of equipment. He is, he will tell you, willing to pay for all this, too. The trouble lies in the fact that he sets his own values.

While the thunders of Olympus will probably reverberate around my head for the next statement, I firmly believe that the medical profession is in a buyer's market and will have to work out some means of giving first-class service at prices the buyers are willing and able to pay. How, is another question, the answer to which lies with the doctors of the

country.

The medical profession is not the only one, either, that will have to meet this situation. No profession is going to be popular with the public from now on until its best services are available at what the public and not the professional man thinks is a fair price.

And so, because the economics of the situation are a long way from solution as yet, and because they represent, therefore, a psy-chological professional liability, it behooves us to keep the pa-tient-relationship on as happy a basis as possible.

Hence my warning: Watch your approach!

It's worth thinking about.

Invitation from the Army

[Continued from page 32] of the Suez Canal or Siberia. If on duty in Panama or Puerto

COUNCIL ACCEPTED . . . a colloidal silver phloride com-

pound, white, clean, non-irritant, economical.

HILLE LABORATORIES, Inc.



Eminently effective in Gonorrhea in as low as 2% solution.

Write for sample and literature.

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Mineral Depletion In Che Summer

WORKERS exposed to prolonged high temperatures tend to suffer from painful and disabling muscular cramps.

The probable explanation is salt loss due to excessive perspiration.

For the same reason, many patients suffer from mineral depletion during the heat of the summer. Frequently such an acidotic condition is associated with summer diarrheas, dermatoses, etc.

How BiSoDoL Helps

In addition to replacing the excessive loss of moisture by the drinking of increased quantities of water, the tendency towards salt loss and acidosis may be conveniently offset by the concomitant use of BiSoDol.

BiSoDoL is the palatable, balanced antacid-digestant so widely recommended by physicians for relief of acid indigestion, "sour stomach", post-prandial pain, cyclic vomiting.

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The BiSoDoL Company
130 Bristol St. New Haven, Conn.

Rico, similar arrangements may be made to visit the South Ameri-

can continent.

Professionally, the medical officer's duties vary from that of general practitioner, alone with his men and dependent on his own resources, to that of a specialized position on the staff of an Army general hospital. Problems of sanitation, constant inspection of food and milk supplies, and the diversified duties of military life in general, all add to his daily routine.

The modern trend in military medicine is toward preventive measures, and the Army today aims toward a program of keeping men well rather than awaiting the onset of disease. search is an active part of its program, and the contributions of Army doctors to medical literature have not been scarce.

Here, too, the young physician will find a greater emphasis on physical examination. The Army employs an organized plan whereby routine examinations are made annually of all officers and cadets at the United States Military Academy, of all candidates for summer training at the Citizen's Military Training Camps, and of all soldiers in the regular Army before enlistment and discharge,

A minor percentage of Medical Corps personnel is accounted for in the administrative group of the department as well as in those officers assigned to the faculty and under instruction at the several medical service schools.

On appointment to the Medical Corps as first lieutenants, officers receive a salary of \$2,000 annually, with additional allowance for subsistence, and for rental when quarters are not furnished by the government. These allowances vary, the maximum compensation for a new officer being \$3,084.80 annually if he has dependents, and \$2,667.20 if there are no dependents.

Increases in pay are granted at three-year intervals and upon promotion to a higher grade. The present Army pay bill determines \$7,200 annually, inclusive of subsistence and rental allowance, as the maximum compensation for an officer in the grade of colonel.

Army officers, in common with all federal employees, are returning five per cent of their pay to the government in accordance with the President's emergency legislation. It will be recalled that this pay cut when instituted

STAMPING THE GAUGE NUMBERS



YALE MEDICAL CENTER **ERUSTO**

B-D PRODUCTS Made for the Profession

on the hubs of B-D Needles was a practical innovation welcomed by the medical profession.

To insure the receipt of B-D Needles with all their qualities of efficiency and economy, it is well to specify "B-D" every time you order.

BECTON, DICKINSON & CO., RUTHERFORD, N. J.

"BILIOUSNESS"

THE promotion of a free flow of bile, with the resultant increased digestion of fats, is of great value in relieving chronic cholangitis, cholecystitis, and the so-called "bilious" attacks.

WYALIN

acts as a natural physiologic cholagogue; contains no phenolphthalein; supplies physiologically standardized pancreatic enzymes, and also increases the tone and directly assists bowel action.

Treatment with WYALIN may be continued without undue effect.

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Bile Salts 1 gr.	
Pancreatic Enzymes2 gr.	
Ext. Cascara 1 gr.	
Ext. Nux Vomica1-20	gr.

Samples sent to Physicians on request

JOHN WYETH & BROTHER, Inc.

Philadelphia, Pa. and Walkerville, Ont.



a year ago last April was fifteen per cent, five per cent having been restored on February first, this year, and five per cent on July first.

After three years' service as first lieutenants and upon examination, medical officers are promoted to the grade of captain. Similarly, a major must have had twelve years' service; a lieuten-ant colonel, twenty years' service; and a colonel, twenty-six years service. Promotion to the grade of general is made by selection from the group of officers elig-

Thirty days' annual leave, which may accumulate for a period of four years, and sick leave when indicated, are granted

with full pay.

On approval of the President, officers may retire after completing thirty years' service; and on their own request, after forty years' service. Retirement in compulsory at the age of sixtyfour, and retirement in all cases is at three-fourths pay.

Retirement by reason of physical disability is governed by the officer's rank, length of service, and the degree of disability, an officer permanently disabled re-

In summation, the Army Medical Department offers the qualified young doctor the inducements of travel, fixed compensa-tion and graded promotion, op-portunity for postgraduate study, facilities for research, and the security of retirement and disability privileges.

The Doctor and His Investments

[Continued from page 29] just a few weeks before the 1934 business index made its best comparison with 1933.

[Turn the page]



BROMIDE TOLERANCE

MAXIUM BROMIDE EFFECT WITH LESSENED RISK OF BROMISM

PEACOCK'S BROMIDES

A pure bromide preparation—combining the bromides of Potassium, Sodium Ammonium, Calcium and Lithium.

Each fluid dram (teaspoon)—15 grains Bromides.

The BEST and most dependable SEDATIVE to soothe jaded nerves, quiet over-excited cases and provide RESTFUL SLEEP.

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THIS YOUNG MOTHER IS ABOUT TO MAKE A MISTAKE



THIS mother went to her doctor to get an infant feeding formula. The doctor wrote the formula—using evaporated milk as the chief ingredient—and sent the mother on her way with a friendly warning—"Follow these instructions to the letter!"

But . . . those instructions were just seven letters short!

Seven letters, B-O-R-D-E-N-S.

To the physician, the name
Borden has so long been synonymous with pure, high quality evaporated milk that he is likely

orated milk that he is likely to take it for granted that all mothers would choose as he would. How much

better it is to make this wise choice a certainty! One word—Borden's —in the infant feeding formulas you write will make sure that your little patients get 'an evaporated milk that measures up to your highest professional standards.

Borden's Evaporated Milk was the first evaporated milk for infant feeding to be submitted to the American Medical Association Committee on Foods, and the first to receive the seal of acceptance. No formulas are given to the laity... Free to physicians—full-sized cans of Borden's Evaporated Milk. Just write to The Borden Company, Dept. ME-84, 350 Madison Ave, New York, N. Y.

Borden'S EVAPORATED MILK

In other words, even though the business index was on the rise from February to April this year, the market declined in that interval as the comparison with 1933 tended to become less favorable. This decline was not caused by 1934 conditions, but by comparison with a period of exceedingly sharp recovery the previous year (just following the Bank Panic).

Since April the production index has been declining while at the same time last year it was rising. The market, in accordance, has been falling off per-sistently. It is now going into its sixth month of recession.

Such a prolonged reaction is most unusual. Even if the country were faced with a major deflation, recession as long as this would normally be interrupted by an intermediate recovery.

But all evidence points against a resumption of the bear market. By and large, our financial institutions—banks and insurance companies—are in much sounder condition than in 1932.

Except for the St. Paul and the Northwestern, no important railroads are in imminent danger of receivership; whereas in 1932 only a few were out of danger. In the aggregate, corporation profits have increased. Unemployment has been reduced.

It is true that a large part of this improvement was forced by government intervention. price of this intervention was (1) a depreciated currency, (2) an impaired national credit, (3) a brake on recovery abroad, and, (4) most important of all from the standpoint of domestic investment, the paralysis of private enterprise which is reflected in the absence of long-term financing for new capital undertakings.

The Roosevelt Administration, to offset this domestic handicap. has appropriated large sums for home building and renovation. This government-induced financing ought to go a long way towards helping the heavy industries which are the seat of our depression. But the effects of this government effort are not likely to be felt before the spring of 1935.

The most sober, and perhaps best, judgment on business activity available indicates a trend for the balance of this year as shown by the dotted line on the chart. It is expected that there will be a fall improvement, but that production will not reach the spring peak.

The height of the fall recovery ought normally to occur sometime in October, to be followed by a slump to almost the lows of the summer. But in connection with stock prices, it is interesting to observe that even on the basis of this conservative estimate, the point of poorest comparison with 1933 is likely to have been made in July, and that comparisons will become increasingly favorable for the balance of the year.

On this reckoning, sentiment is now on bottom. Since a six months' decline in prices should have amply discounted fundamental adversities, and since sentiment is at the turning point, we may rationally speculate that stock prices also are now (July 25) near the 1934 bottom.

BROMO ADONIS THE BROMIDE OF GREATER PO-

Bromo Adonis No. 1...in nervous indigestion, hysteria, insomnia, etc. Bromo Adonis No. 2...when a more lasting sedation is indicated, as in chronic idiopathic epileptic cases.

A sample of either type gladly sent to any registered physician. TUCKER PHARMACAL COMPANY, 221 East 38th St., New York City



A momentous question. The answer—a pronouncement of Life—or Death—must be backed by a visualization so accurate in the most minute detail that no margin for error can remain. In urelegy, questions like this frequently confront the surgeon. The decision must rest upon the results of pyelography, plus the determination of kidney function.

Urology and Pyelography may new be performed by a new relatively non-toxic and non-irritating contrast medium known as



HIPPURAN is the sodium salt of Ortho-iodohippuric acid, containing 38.8% of iodine. Hippuric acid, being a normal product of metabolism, this combination is particularly well tolerated. Animal experiments, with large doses, failed to show renal or any other injury.

HIPPURAN is the universal radiopaque contrast medium, suitable for all types of urography.

INTRAVENOUSLY: 12 gm. in 25 cc. sterile aqueous solution produces clear pictures.

RETROGRADE PYELOGRAPHY: 15 to 20% strength by volume of Hippuran instilled through the ureteral catheter produces splendid pyelograms.

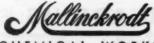
HIPPURAN in contrast to the inorganic iodides produces little or no irritation of the renal pelvis, ureter, or urinary bladder. Bilateral pyelograms may be made at one sitting with safety.

For cystography a 3% to 5% solution by volume yields satisfactory results.

Hippuran is available as:

CRYSTALLINE POWDER . . . in 12, 100 and 500 gram bottles. 80LUTION . . . 25 ec. size ampoules, each containing 12 grams of Hippuran dissolved in sterilized, aqueous solution. Each ampoule contains a sufficient amount to permit withdrawal and administration of 25 ec.

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Literature & Samples



SAMPLES OF ENAMEL used on the new Prometheus "Chip-Proof" Electric Sterilizer Outfit may be had by writing to the Prometheus Electric Corporation (LS 8-34), 358 West 13th St., New York City, This enamel is guaranteed not to chip off—even when bit with a hammer.

DEKRYSIL: Some interesting literature has just been issued describing this new metabolic accelerator for the treatment of obesity, hyperthyroidism, and other metabolic disturbances. Dekrysil (4-6 Dinitro-o-Cresol) is said to be more active, less toxic, and to require less dosage. Write Crookes Laboratories, Inc. (LS 8-34), 145 E. 57th St., New York City.

THE NEWER CONCEPTION OF NUTRITION: A 45-page bound book bearing this title is now offered free to members of the medical profession. In it are cited and correlated a wide variety of references to the nutrient values of leafy vegetables. Copies may be obtained from Nutritions, Inc. (LS 8-34), Beverly Hills, California.

SAMPLES OF LORATE, together with a booklet entitled "Differential Diagnosis Of Gynecologic Affections by Character of Discharge" will be sent to any physician on request. Lorate is described as an antiseptic, alkaline, non-irritating vaginal douche powder, valuable during pregnancy and for postpartum care. The booklet mentioned has been prepared under the supervision of a nationally known gynecologist. Address requests to the Lorate Company, Inc. (LS 8-34), 304 W. 141st St., New York City.

HIPPURAN: Literature describing this product may be obtained from the Mallinckrodt Chemical Works (LS 8-34), 3600 N. 2nd St., St. Louis, Mo. Hippuran is used for intravenous and oral urography as well as for pyelography and cystography. It is said to be non-toxic and non-irritating.

DIET LISTS: A set of twelve of the most commonly used diets have been compiled for free distribution among physicians. Contained in the set are a bland diet, ulcer diet, cardiac diet, reducing diet, pregnancy diet, etc. Write the Junket Folks (LS 8-34), Little Falls, N. Y.

INFORMATION ABOUT COCOMALT: Here's a brand new booklet containing suggestions for the use of this product by the medical profession. The food value charts included in it are extremely complete and ought to be of real value to physicians. Cocomalt is described as a delicious, easily digested, and nourishing food in powder form, designed to be mixed with milk. Write the R. B. Davis Company (LS 8-34), Hoboken, N. J.

SAMPLES OF PMC: Write to the Protein Mineral Company, Inc. (LS 8-34), Is East 41st Street, New York, N. Y. for literature and samples of this definitely new milk product, containing calcium, phosphorus, and other minerals combined with lactose. PMC is especially recommended by the manufacturers for expectant and lactating mothers; in the diet of children who require an adequate supply of calcium phosphorus and other important minerals; to aid in building bones and teeth; in the diet of patients suffering from fractures, osteomyelitis, and other bone dyscrasias; in the diet of patients with tetany due to lack of calcium; in the tuberculosis diet (pulmonary T.B. and adenitis); and in the diet of arthritie patients.

PARAGON MOVIE CAMERA: A circular setting forth the uses and advantages of this 16 mm. movie camera for the doctor, whether for the purpose of recording vacation trips and the like or for securing a visual record of an operation, is available by writing the Paragon Camera Company (LS 8-34), Fond Du Lac, Wisconsin.

HEALTH THROUGH YOUR WINDOWS WITH VITA GLASS: A little

[The items on this page are published as a service to readers. It will facilitate the handling of your request, when writing companies, if you include "LS 8-34" as part of the address.—Ed.]

DIATUSSIN

for the relief of SPASMODIC COUGHS and bronchial irritation



"Twenty drops won't hart but three drops will do"

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pamphlet bearing this title describes the pamphet bearing this title describes the advantages of windows which admit ultra-violet rays. Vita Glass is said to be especially desirable for use in the nursery, in the child's bedroom, in the convalescent's bedroom—in fact, throughout the entire home. A number of hospitals and sanitariums are reported as being highly pleased with the results secured through its use. For literature address the Vitaglass Corporation (LS 8-34), 200 Fifth Ave., New York, N. Y.

SAMPLES OF COLLENE: A permanent colloidal solution containing 0.05 per cent of stainless ionic silver, odorless, and mildly astringent, Collene is less, and mildly astringent, Collene is claimed to be highly efficacious as a germicide and antiseptic for mucous membrane application. For your sample and for the booklet entitled "Better Siliver Therapy," address the Collene Laboratories (LS 8-34), 77 White St., New York, N. Y.

BUILD UP YOUR MICROSCOPE AS YOUR BUDGET PERMITS: This illustrated folder suggests how a new series of fine laboratory instruments can even-tually be owned by adding from time to time to a microscope which can be made into five others. Address Bausch & Lomb Optical Co. (LS 8-34), Rochester, N. Y.

POSITIVE STERILIZATION FOR BABY'S HEALTH: To destroy disease-creating bacteria in babies' nursing bottles and fittings, the use of live steam in a scientifically constructed sterilizer is necessary, states this leaflet. For a copy, address the Capson Mfg. Co. (LS 8-34), 4115-21 Ravenswood Ave., Chicago, Ill.

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SAMPLES OF GERBER'S STRAINED CEREAL, and a reprint of the article, "The Nutritive Value of Strained Vegetables in Infant Feeding," are offered gratis to members of the profession by the Gerber Products Company (LS 8-34), Fremont, Mich.

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A New HEMATOPOIETIC

For the treatment of secondary anemia and general run-down condition

Concentrated Extract of Spleen and Red Bone Concentrated Extract or Spieser and Med 1998 Marrow-Tron in a form quickly assimilated and in quantities that assure rapid hemoglobin formation—MALTINE, nutritive and supplying Vitamins B and G-plus a Concentrate of the Vitamins A and D from high-grade Cod Liver Oil

Thus are grouped in one rational and pal-atable combination not only certain elements which aid in blood formation, but important nutritive factors which help in correcting the run-down conditions.

FORMULA Each Fluid Ounce Contains:

concentrate)
Contains vitamins A. B. D and G. *Equivalent to 120 minims standard Spleenmar-row Solution.

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In bottles of 12 fluid ounces.

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It decreases the amount of uric acid formed. Whilst increasing the elimination of uric acid that has been formed Befsal does not precipitate it from the urine with the possible renal colic or uratic plates. Befsal does not contain cinchophen.

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Many uses for this delicious high-caloric food-drink

To THE convalescent—to the expectant or nursing mother—to the active, growing child—Cocomalt is a delicious change from the monotony of milk.

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When vitality is at low ebb and appetite lacking—Cocomalt is a valuable adjunct to the diet. It is easily digested, quickly assimilated, bigb in caloric value. It

provides extra proteins, carbohydrates and minerals (calcium and phosphorus) plus Vitamin D for proper utilization of these essential minerals.

Cocomalt is composed of sucrose, skim milk, selected cocoa, barley malt extract, flavoring and added Vitamin D. Prepared as directed, adds 70% more food energy to a glass or cup of milk.

Cocomalt comes in powder form, delicious HOT or COLD. Packed in ½lb. and 1-lb. air-tight cans. Also in 5-lb, cans for hospital use,

FREE TO PHYSICIANS:

We will be glad to send you a trial-size can of Cocomalt free. Just mail this coupon with your name and address.

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Charity Begins

[Continued from page 25]

ment at the end of the campaign.

For those who were unable to pay one dollar, arrangements were made to render the service without charge at the city hospital—and nowhere else.

The program has been a great success. Nearly 7,000 children are now immunized as a result of it, and several thousand families have renewed their acquaintance with their neighborhood physicians.

And best of all, everybody's satisfied. "More children were immunized in one month than would have been reached by any other method, and the publicity attending the campaign has been of tremendous educational value," say the health authorities.

The profession is pleased, too, because immunization has been popularized, and because the campaign has tended to dissociate in the minds of the people free medical service and the school.

Health and Accident

[Continued from page 13]
premium of about \$4 yearly for each \$5 weekly income in the event of sickness. A policy of this nature should not require

house confinement.

Obviously, while its primary purpose is to pay only for the shorter and less serious illnesses, a contract providing benefits for as long a period as possible is desirable. (It is to be remembered, of course, that only a relatively small amount of non-cancellable protection has been secured in the case we are considering.)

The average, honest, cancell-

able health contract pays for only one year of any continuous sickness. By expending a little effort, however, it is not difficult to secure cancellable health insurance paying a monthly income for two years. Here again it is important to remember that sound, valid, non-technical health insurance is not offered without an equal amount of accident insurance.

So far we have been dealing with the short-term sickness problem of the younger man. The older practitioner—the man over forty, let's say—has a different set of circumstances with which to contend. This man, the "claim frequency curve" shows, is more susceptible to chronic illnesses, and might wisely carry as much



NO PHYSICIAN repeatedly tosses his syringes from boiling water to ice water and back again. However, if his syringes will stand this punishment—as B-D Yale and Medical Center Syringes certainly do—he knows that they will survive without question the thermal changes to which they are exposed in normal usage.

To insure economy specify "B-D".

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BECTON, DICKINSON & CO., RUTHERFORD, N.J.

Better Results NED-CULTOL

Bacillus Acidophilus in a Refined Mineral Oil Jelly Chocolate Flavored

The action of NEO-CULTOL is twofold. The mineral oil jelly effects a soft, easily passed stool. The bacillus acidophilus combats toxemia and its related evils.

SMALL DOSES

One to three teaspoonfuls a day is sufficient. NEO-CULTOL is deliciously flavored with chocolate—which makes it readily acceptable to children and adults.

NO LEAKAGE

The consistency of NEO-CULTOL is such that there is no sudden intestinal onrush of oil, with consequent involuntary leakage.

SAMPLES

Let us send you a supply for clinical test. Use the coupon.



cancellable health insurance as he can finance; or, better still, add to his non-cancellable coverage. After fifty, non-cancellable coverage is not obtainable.

So much for the health risk. The accident hazard presents an entirely different problem, and one which has almost nothing to

do with age.

Because accidents, in the main, cannot be prevented; because they often leave a permanent impairment (this contingency merits the serious consideration of the younger physician especially); and because accident insurance prudently bought is relatively inexpensive, it should be carried in an amount commensurate with the individual's earnings and increased as income grows.

The broadest possible accident contract with benefits payable from the very first day of disability does not cost more than \$5 yearly for each \$5 of weekly income after the accident. To be sure, there are contracts offered at much higher premiums; but, inconsistent as it may seem, they are no broader in their vital provisions. Likewise, a contract offered below this average may be assumed to lack essential substance in proportion to the premium drop. Bargains in insurance are rare; and generally they are unsatisfactory.

At this point it should be noted that there are only a few companies which offer appropriate accident insurance for the physician and surgeon. The vast majority are deficient in one way or another, particularly with reference to the septicemia hazard.

Then, too, a good deal of insurance is offered today which bears the label "special for the physician." Investigation proves, nevertheless, that the vast majority of such offers are designed purely for their sales appeal rather than as honestly prepared policies conceived with the pecu-

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liar hazards of the physician and

surgeon in mind.

Under the guise of providing full coverage, the vast majority of health and accident insurance contracts offered by salesmen provide for the payment of benefits "right from the first day." For the physician to consider such a shallow appeal is both thoughtless and unsound.

A week's loss of income occasioned either by illness or by injury represents no financial loss. On the other hand, either of these coverages accepted with no income payable for the first week or two represents a premium saving of from 15 to 25 per cent.

The saving thus effected might very properly be used to provide additional insurance. Better \$60 weekly income after the seventh day of disability than \$50 a week

from the first day.

In accepting any such "waiting period" contract, care should naturally be exercised to select one that does not forfeit hospital and operation benefits during the waiting period.

A risk that looms large in the mind of almost everyone is the possibility of death by accident probably because of the inherently spectacular circumstances which always surround such an event.

Actually, though, statistics prove (and the premium charge for the accidental death risk under an accident policy also bears witness to the fact) that this hazard is greatly exaggerated. If economy must be exercised in arranging one's income protection program, coverage against this potentiality can safely be reduced to a minimum.

For the individual who insists upon protection against the long-shot possibility of death by accident, the coverage whenever possible should be secured as a supplement to a non-endowment life insurance policy. Purchased thus, it is both cheaper and non-

TILDEN Has Kept Faith With Physicians

ELIXIR MALTOPEPSINE

For many generations physicians have prescribed Elixir MALTOPEPSINE as a dietary aid in conditions involving gastris and intestinal uspets. It is a very palatable vehicle for prescriptions carrying such drugs as Iodides, Bromides, Salicylates and Nux Vomica, and guards against any untoward effect of these substances.

MALTOPEPSINE is composed of Pepsin, Dioscorein, Lactic Acid, Diastase, Nitro-Muriatic Acid and Phosphoric Acid, combined in a manner exclusive with Tilden.

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Send	sample	of :	Elixir	Maltope	psine.	
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TILDEN Has Kept Faith With Physicians

ELIXIR IODO-BROMIDE of CALCIUM COMP.

Elixir Iodo-Bromide of Calcium Compound—I.B.C.—is a noteworthy resolvent and alterative prescribed by physicians for many generations in Syphilis and Scrofulosis.

It contains Salts of Iodine, Bromine, Potassium, Sodium, Calcium and Magnesium with Stillingia, Dock and other substances combined in a manner exclusive with Tilden.

> Free Samples to Physicians Only. Also ask for Offer.

THE TILDEN COMPANY The Oldest Pharmaceutical House in America	KBA
New Lebanen, N. Y. Send sample of Elizir Calcium Comp.	St. Louis, Me. Iodo-Bromide of
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N the Camp System of Maternity Supports different models are designed to fit different individual proportions and physiological conditions. All, however, possess the continuous lacing feature of the Camp Adjustment and provide correctly directed, competent, comfortable support.



SUPPORTS

Sold and fitted upon recommendation of physicians and surgeons by leading department stores, surgical houses, and corset shops everywhere.



Prenatal Model 3251



S. H. CAMP & COMPANY

Manufacturers, JACKSON, MICHIGAN

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cancellable. When this arrangement is not feasible, non-cancellable accidental death coverage can be obtained as a separate contract at rates lower than those charged for the same coverage on a cancellable basis taken in conjunction with weekly benefit accident insurance.

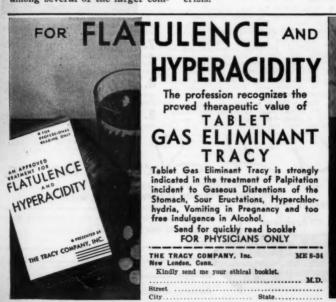
The automobile has in recent years come to be recognized as the greatest single cause of personal injury. Statistics compiled by the National Safety Council show the automobile to be causing about 34 per cent of all accidents. The physician decidedly more than the average person is exposed to this hazard.

As a supplement, and only as a supplement, to adequate and complete-coverage accident insurance, a special form of accident protection against this contingency may be bought from any among several of the larger com-

panies. Its cost is a pittance, literally; but in selecting such supplemental insurance care must be taken to choose a company that covers for injuries both to the pedestrian and to the driver or rider. Nor should a contract be accepted that requires as a prerequisite to recover, "physical damage to an automobile of the pleasure car type."

As a parting shot, let me say that these all-important forms of health and accident insurance can prove to be either a source of satisfaction or one of bitter disappointment. Which of the two, depends on how much care and judgment are employed in their selection.

No insurance at all is better than a contract full of loopholes. The broadest contract offered never proved too broad in a





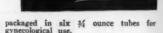
GON A-VEF

GONOCOCCUS
COMBINED ANTIVIRUS

THE NEW SPECIFIC TREATMENT

for GONORRHEA

- Gon A-Vee consists of the antigens of Gonococcus, Staphylococcus, Pseudo-Diphtheria Bacillus, Streptococcus, Pneumococcus and B. Coli filtrates combined in a semi-liquid adherent base.
- 2. Gon A-Vee is prepared for local tissue immunization—it antigenically stimulates the cells and leucocytes of the urethramaking them highly resistant to bacterial growth.
- 3. Gon A-Vee has been clinically proved far superior to silver salts and antiseptic washes. Tests show much higher efficacy in both acute and chronic gonorrhea.
- 4. Gon A-Vee is widely recognized as a practical, fool-proof treatment—can be quickly and cleanly administered without fuss or muss, provides an ideal routine for the general practitioner.
- 5. Gon A-Vee does not stain, sting, burn or irritate—and does not belie the patient's condition.
- 6. Gon A-Vee is available in packages of 14 tubes. Each 36 ounce tube constitutes a dose—two per day being recommended for use. Gon A-Vee is also



- 7. Gon A-Vee will usually provide negative prostatic massage slides in three to six weeks when used in conjunction with Sherman Gonococcus combined vaccine.
- 8. As shown by controlled clinical tests Gon A-Vee cuts duration of disease one-half compared to the antiseptic treatment.
- 9. No other treatment known to medical science has provided such uniformly excellent results.

Literature supporting these claims will be supplied on request.

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SPECIAL OFFER TO

Physicians

FREE ... with every order of Gan A. Vee ... one vial 121: cc. of Sherman Ganacaccus Combined vaccine No. 49, used as an adjunct to Gan A-Vee

Please	supply	one	12½ cc.	vial	Vaccine	49	Fre
-with	one bo	x Go	n A-Vee	at \$	3.00 net.		

Dr.

Address Druggist _____

Address



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Tours & Cruises



SHORT VACATION CRUISES: Quite a variety of Atlantic coast cruises, ranging from 4 to 14 days, are offered in this new folder. All appear to be quite inviting, and are apparently planned for the utmost rest, comfort, and convenience. Rates, sailing dates, and general information are included. A copy of the folder will be sent upon request by the Savannah Line (TC 8-34), 551 Fifth Ave., New York, N. Y.

SWEDEN IN SUMMER TIME: If you are planning to visit Sweden, it will be well worth your while to obtain a copy of this 15-page booklet. Not only does it describe the highspots of the country, but it gives also the prevailing rates at the best hotels and resorts. Write the Swedish Travel Information Bureau (TC 8-34), 551 Fifth Ave., New York, N. Y.

A 12% DAY ALL-EXPENSE CRUISE: From all appearances this cruise fills the bill for anyone contemplating a brief sea trip during the summer months. It is arranged on an all-expense basis, and includes sightseeing tours, automobile trips, meals, and entertainment at Nasau, Miami, and Havana. An illustrated folder giving full particulars may be obtained from the Munson Steamship Lines (TC 8-34), 67 Wall St., New York, N. Y.

WHEN THE ORIENT LURES YOU: A world of information is packed between the covers of this attractive folder which should be of genuine value to the prospective traveler to the Orient. In it are discussed several interesting scenic cruises to Japan, China, and the Philippines. Address the States Steamship Lines (TC 8-34), Porter Building, Portland, Oregon.

THE ELECTRIC GOTTHARD LINE THROUGH SWITZERLAND: Trips by rail through one of the most scenic countries in the world are offered for your approval in an attractive, 40-page, illustrated booklet issued by the Swiss Federal Railways (TC 8-34), 475 Fifth Ave., New York, N. Y.

PERFECT VACATION CRUISES: The small folder bearing this title tells you why a three-week cruise to Jamaica, calling at Bermuda and Nassau, is a vacation par excellence. For this piece of literature and other information regarding West Indian Cruises, write the Canadian National Steamships (TC 8-34), 294 Washington St., Boston, Mass.

TRAVEL: This is the title of a comprehensive guide to better vacations for the 1934 summer and fall. The book is complete in every respect and contains descriptions of the cruises and tours operated by the leading transportation companies. These trips by steamer, rail, and motor, as well as some attractive combined tours, have been outlined by a staff of experienced travel advisers. Each is carefully described and the exact schedule of the trip given. Obtain your copy from Temple Tours, Inc. (TC 8-34), 248 Washington St., Boston Globe Bldg., Boston, Mass.

A PLEASURE-PLANNED VACATION TO BERMUDA: For the physician who has in mind an economical vacation during the coming months the suggestion contained in this folder sounds like a promising one. In addition to being remarkably inexpensive, the ocean cruise outlined is truly pleasure-planned, providing a wide variety of entertainment in the way of fishing, swimming, golfing, horseracing, and so forth. Write the Furness Line (TC 8-34), 34 Whitehall St., New York Otty.

OFF THE BEATEN TRACK: Here is a guide to "unspoiled" Europe, suggesting a different way to "do" the Continent. The more obvious points of interest are left out entirely, while the quaint and picturesque spots are described instead. The most interesting of the taverns are listed, along with their rates and any local amusements offered. Write the International Mercantile Marine Co. (TC 8-34), 1 Broadway, New York City.

[The items on this page are published as a service to readers. It will facilitate the handling of your request, when writing companies, if you include "TC 8-34" as part of the address.—Ed.]

No. 7 of a Series of Advertisements prepared in the Interest of Acctanilid U.S.P. by the Emerson Drug Company

PAIN

A VICIOUS CIRCLE

PAINFUL IMPULSE

INCREASED OVER-STIMULA-TION OF SYMPATHETIC NERYOUS SYSTEM, INHI-BITION OF NORMAL FUNCTION AND EX-TENSION OF DISEASE.

ORIGIN OF DISEASES SUCH AS GASTRIC ULCER, EXOPHTHAL-MIC GOITRE OR ESSEN-TIAL HYPERTENSION. With a headache goes depression — whether it is a naging discomfort or a severe pain, it upsets the whole nervous system—has a depressing mental and physical effect. OVER-STIMULATION OF THYROID, ADRENAL AND SYMPATHETIC NERVOUS SYS-TEM.

INHIBITION OF VAGUS. INHIBI-TION OF NATURAL FUNCTIONS SUCH AS DIGESTION. ENDO-CRINE IMBALANCE.

Cannon has shown how pain overstimulates the adrenals and sympathetic nervous system and inhibits the vagus together with normal functions such as digestion, which may be delayed for several hours. Crile contends that the overstimulation of the thyro-adreno-sympathetic nervous system causes definite diseases such as exophthalmic goitre and gastric ulcer. Other investigators include essential hypertension.

Pain Must Be Checked

A headache once established may persist—the longer it lasts, the more harm it does. Prompt relief is necessary—danger of overstimulating the sympathetic nervous system should be avoided.

Acetanilid Checks Pain Rapidly

Acetanilid is our safest, most efficient and rapid-acting analgesic. It has been definitely proven, that it is *not* habit-forming and that it does *not* depress the heart when administered

in therapeutic doses. . . . No cases of granulocytopenia have been traced to acetanilid.

A Frequently Prescribed Combination

Acetanilid grs. III to the dose, combined with caffein gr. 1, plus sodium bromide and sodium citrate q.s., is the logical and most efficient anodyne. These ingredients are more active when prescribed in effervescent form, as in Bromo-Seltzer. Send for samples and literature.



EMERSON DRUG CO., BALTIMORE, MD.

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Speaking Frankly

[Continued from page 7]

kinds from the state. No more severe indictment of this whole system could be made than to point out that state aid no longer carries the full stigma of charity accertance. In other words, the sense of initiative and responsibility and honor of the citizens is being under-mined—and all for free medical service!

After some dizzy experimenting that will leave this country impoverished for several generations, a new spirit is bound to prevail. To the ears of a chastened nation, quack panaceas will then sound less appealing, less convincing.
F. D. La Rochelle, M.D.
Springfield, Massachusetts

Why Study Abroad?

[Continued from page 23]

neglected and advanced seldom encountered here.

But earnest students can find less limited fields for advanced study in America, if that is what they are after, The well-estabthey are after, lished postgraduate courses, many of them two years in duration, now offered by some of the best domestic schools have all the material the students can desire to work on, and more. Besides, the material they present is more the type which the American doctor will be called upon to deal with in practice than that confronted in the clinics abroad.

European conditions, standards of living and customs are so different from those found in the United States that the problems met with abroad are not entirely analogous to ours. Nutritional conditions in Austria, Hungary, and elsewhere are so poor that resistance to disease and recuperative possibilities are not what they are here, even in our times of depression. Ignorance is more widespread, illiteracy more prevalent.

Sanitary conditions do not compare with ours. The attitude toward doctors is not the same either. There is, in general, more fatalism, resignation, respect, and cooperation there than here.

Operations and treatment procedures are submitted to un-

For Genuine KELLOGG'S

Tasteless Castor Oil



Specify the

REFINERY-SEALED BOTTLE

Play safe! There is only one Kellogg's Tasteless Castor Oil. Specify "original container" and your patient will receive the genuine product, refined by the patented Kellogg process sealed against all possible contamination. Whenever and whereever castor oil is indicated remember the name -"Kellogg's."

National Distributors

WALTER JANVIER, Inc.

121 Varick Street, New York, N. Y.

A PHYSIOLOGIC BOWEL CORRECTIVE

KABA

BULK, LUBRICATION, BOWEL MOTILITY... WITHOUT IRRITATION, WITHOUT ROUGHAGE, WITHOUT DRUGS...

In the search for a more natural method of correcting bowel stasis, our laboratories have pioneered many of the evolutionary steps.

But the final step-the realisation of an ideal-has now been developed in

KABA

Kaba has the unusual property of swelling to at least 18 times its bulk when it comes in contact with water. This bland, inert, soft bulk derived from Karaya gum also lubricates—without producing an oiliness, without forming concretions, without interfering with digestion.

In addition, Kaba contains brewers' yeast—supplying Vitamins B and G, the presence of which help to restore normal bowel motility.

Kaba does not act by unnatural stimulation—is not "spiked" with cathartic drugs.

Let us send you a supply of Kaba so that you can test its unique value as a corrective of bowel stasis.

THE BATTLE CREEK FOOD CO.

BATTLE CREEK, MICHIGAN, U.S.A.



THE BATTLE CREEK POOD COMPANY Dept. MK-8-34 Battle Creek, Michigan

Send me, without obligation, liberature and trial tin of Kaba.

Name

Address

questioningly, which here would meet with loud protest. Their solutions are not all applicable

to our problems.

A factor which heaps additional disadvantage on foreign study is the language barrier. Of course, in many of the centers, English is spoken, after a fashion. But most of the biggest men do not bother to explain in English even if they can. And regardless of how well an American may have stood in his college courses in French or German, until he has been on the ground familiarizing his ear with the argot for many months, he will find that he misses a lot—if not most—of the significant details given in a foreign tongue.

A situation which is so contrary to the ideas of the American physician that it is quite distasteful to many, is the commercialization of clinical opportunities in some centers, particularly in Budapest and Vienna. There, at certain surgical clinics, the visiting students purchase the privilege of operating on clinic patients under the supervision of the professor in charge. The student with the most money has the advantage of being able to buy the most clinical experience.

The economic status of Hungarian and Austrian doctors is so miserable that even many professors grasp eagerly at any chance to make a few of the (not too) depreciated American dol-

lars.

In some cities, Vienna particularly, the American students have a permanent but loose organization which offers some advantages—possibly also some disadvantages. These organizations maintain headquarters at which classes are made up. When class quotas are filled, the class fees are collected, and the work starts. Single students have to wait till sufficient others join in to get a class going. Sometimes this is a

THE SATURATED SULPHUR-BEARING SALINE LAXATIVE

TOXINS PASS THE LIVER BARRIER

When the deficiency in the BLOOD SULPHUR reaches the critical point, and the overloaded liver no longer functions as a toxin filter.

It is believed that SULPHUR IN COLLOIDAL FORM, as available in Occy-Crystine, is the source of some, at least, of the Potassium Sulphate in the hepatic arterial supply.

AFTER Ocy-Crystive Dosage

INDOL

INDOXYI

INDOXYL POTASSIUM SULPHATE

The same eliminative fate is destined for all such ethereal wastes.

Please send Occy-Crystine samples and literature to me:	ME-8
Name	
Address	
OCCV_CRYSTINE CORPORATION SATISBURY CON	

A More Scientific Method of Counteracting Gastric Hyperacidity

Excess stomach acid has always been treated by chemical neutralization, to which, however, the following objections have been found: (1) peptic digestion is hindered or prevented; (2) intensive alkaline treatment frequently leads to a condition of alkalosis; (3) alkalis often cause a secondary and more pronounced rise of acidity following their administration.



Because of these objections physicians should recommend the introduction of the newer and more scientific method of removing excess acid by colloidal adsorption.

Alucol, an allotropic form of aluminum hydroxide, has a high adsorptive power for HCl. It takes up excess acid colloidally and leaves a sufficiency for the continuance of peptic digestion. There is no secondary rise of acidity following its administration.

A trial of Alucol will convince you of its value. Let us send you a supply with full information.

ALUCOL

(Colloidal Hydroxide of Aluminum)

USE COUPON BE	LOW —
THE WANDER COMPANY,	Dept. M.E. 8
180 North Michigan Avenue, Chicago, III Please send me without obligation, a clinical test, with literature.	
Dr.	
Address	
City	State

few days, sometimes perhaps several weeks. Those who are in the know may be able to slip in ahead of uninformed brothers if there is competition for places, forcing the unlucky ones to wait for following classes.

The information bureaus of these associations can be very helpful—if a year's membership fee is paid. Those visitors who do not plan to stay as long as a year, and do not join, find it

rather hard to fit in.

One of the best ways to become familiar with what Europe has to offer in the line of one's special interest is to join one of the tours conducted every year or so by responsible medical bodies. Many of the important centers are included; and although it is not possible to pick up much of a profound nature on the fly, still one can see whether there is anything to come back and stay longer for later. Usually the physician will decide that if he comes back it will not be for study but just for relaxation—and for relaxation he thinks he prefers Havana, Bermuda, or Hawaii at that.

The reception tendered the American physician in Europe varies according to many factors: the country, his own national extraction, his religion, political conditions at the time, the individual attitude of the men he chooses to visit, and—most of all—how much money he has to spend

Individually, the countries vary greatly in their feelings toward Americans and in their potentials for profitable expenditure of time.

Italy has some fine hospitals, sanitoria, and clinics, especially in the north. The northern Italian is very similar to the average American. Cordiality is the rule. Summed up, however, Italy has nothing medical which is not equaled or bettered in the United States.

French physicians in general like us, and will be pleasant to us. If the American is interested in mental and nervous problems, he may be able to pick up some ideas. Otherwise he can probably

do better at home.

Switzerland has some outstanding surgeons, and excels in heliotherapy. The Swiss are most affable to everybody. Most of them welcome Americans. They have no reason not to. Switzerland is full of well-to-do American patients.

Poor old Vienna—a sad spectre of its former self. Austria, hardest hit of European countries as a result of the war, struggles bravely on in the face of tragic poverty. Institutions have trouble getting along. Doctors are destitute. It is all most disheartening. Still, pathology is great, and anatomy is fine—and the Semmering is a beautiful place for week-ends. Americans are welcome. They enable many Viennese doctors to live a little better than they would without their largesse.

Budapest: Vienna right over again, only more commercial about it.

Prague: Friendly, interesting.

That's all.

Germany: Too upset to offer anything outstanding. The

GENOSCOPOLAMINE

200 Times less toxic than scopolamine

WITH Genoscopolamine all the distressing symptoms of Parkinson's disease show marked alleviation; particularly the type which follows epidemic encephalitis.

Literature and Samples to physicians on request.

A. DEBRUILLE.

23 West 64th St., New York City

WEAK FOOT-FLAT FOOT FALLEN ARCHES



Fatigue and tired, aching sensations in legs, hips, thighs and lumbar region, when no other rheumatoid symptoms are present, usually indicate a weakened arch condition.

Necessary mechanical support for relief and eventual correction of such a condition is provided by Dr. Scholl's Arch Support. This appliance can be accurately

fitted to the individual needs of the patient, giving immediate relief from painful muscular and ligamentous strain; then, as improvement progresses, it can be

gradually raised until the archisrestored to normal position.



Sold and fitted by shoe and department stores in every city the

work	·CB	UL	e	-	mu vy	Di. Schou s	rous Comport	788	υp	9 119160	DELUNE.
CHICAGO .					21 N.	Wabash Ave.	CLEVELAND .				726 Euclid Ave.
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Mail coupon below for interesting treatise "Foot Weakness and Correction for the Physician"

THE SCHOLL MFG. CO., Inc., 213 W. Schiller St., Chicago

Name	T .	M.D.
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Amerikanischer may be loved or hated or both. American medicine and surgery are now definite-

ly superior.

England and Scotland: Agreeable people. Fine work. But nothing we can not duplicate or surpass. American hospitals are far superior in facility to British nursing homes, though old England has some good hospitals too, and nursing homes can teach us a lot as far as medical economics is concerned.

If European ideas are desired, the best of them can be obtained by reading the magazines from over there. Then, too, if anybody outstanding develops in Europe, he will soon be brought to this country anyway, and his ideas can be absorbed on our own soil.

Quite likely the reader may have glanced over these various remarks with a skeptical eye; for only by going to Europe and learning from his own experience will he be convinced that what has been said is true. If he does as so many others have done, he will go, observe, listen intently, fill a notebook full of ideas and techniques that seem pretty smart at the time—then return and quickly settle back to doing things and thinking about things exactly as he did before he went.

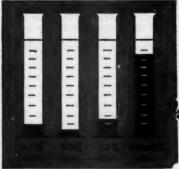
Collection Agencies

[Continued from page 17]

from any monies that may be in their possession as the result of other collections made on your behalf.

Item five is the dynamite provision of the entire contract. It may be seen from this that a minimum charge of 50 cents is made on each account. Note the word "minimum." In practice, the filing fee may be almost anything

When prescribing AGAR-use AGAR



The value of Regulin in the treatment of CHRONIC CON-STIPATION is rapidly gaining in professional recognition. Regulin is a mild evacuant creating bulk—softening the feces without replacement with DIARRHEA—tending to regulate by tapering-off doses,

rescribe

REGULIN

Laboratory tests show three of the leading agar medicaments to contain actual quantities of agar ranging from only 1.3 per cent to 9.3 per cent.

Advertised only to the profession

The Reinschild Chemical Co. ME 8-34 18 Grand St., New Rochelle, N. Y.
Please send me your professional booklet.
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REDUCE SUGAR IN DIABETES

with

UVURSIN

-7605

Physicians throughout the country are finding that they can control sugar in Diabetes with UVURSIN, an innocuous oral treatment in capsule form.

Reports of physicians show sugar reduction in 85% to 91% of all cases reported. Complete elimination of excess sugar, even in stubborn cases, is regularly reported. Frequently the urinary sugar, polyuria, and other symptoms entirely disappear within the first 20 days of treatment.

If you are treating a case of Diabetes, test the efficacy of UVURSIN capsules under your own controlled conditions. A 27-day demonstrating quantity—three 9-day prescription boxes—will be sent to you on your request if you have not previously received a trial. Mail coupon today.

Prepared for Prescription Purposes Only ESTABLISHED 1901

For free trial, address:	John J. Fulton Company, Dept. A., 88 First Street, San Francisco, California.
Street	M, D
City	State

from 50 cents up. Not infrequently I have come across cases where as much as \$2 has been charged against each account as a filing fee and deducted from collections which the company had made for the physician.

Again you have no recourse. The company calmly deducts its fee from the collections first, and tells you about it afterwards.

Coming now to item six, we find that "all commissions are due and payable on the day payments or settlements are made." Thus the company takes care of its own needs very nicely, while you get the short end of the stick. Nowhere in the contract does the concern make any statement as to the time when it will account to you for its collections. The best you can do is to hope and pray.

Regarding provision number seven, you will find that "failure to furnish necessary evidence of indebtedness upon request will be considered as instructions to drop;" and by referring to provision four again, it will be seen that "instructions to drop" means you are going to be charged the full commission. In other words. if the company writes to you for an itemized statement or for other notices or papers to prove a patient's indebtedness, and if for any reason you fail to remit these immediately, you charged with the full commission, just as though the account had been paid in full.

Let me say here that I have known an account to lie dormant on the books of an agency for two or three years. Then one day, unexpectedly, the company will write to the physician and request an itemized statement of the account, hoping that for some reason or other he can not send it, and that they will then have an opportunity to charge the commission against him on

their books.

Here's a letter which is frequently sent to a physician after one of his accounts has remained unpaid on the books of an agency for several years:

To Doctor...:

We are in receipt of a letter from Mr.
John Doe, who advises us that he has
paid his account direct to you. Despite paid his account direct to you. Despite our having written you on several occasions, we have had no reply; and unless we hear from you within the next ten days we shall assume that the debtor's statement is true and will charge your account accountingly.

Blank Collection Agency

It is to be borne in mind, of course, that the agency has not necessarily received a letter from Mr. John Doe, stating that he has paid his account direct. This is a ruse intended to give them some excuse for appropriating your money. No doubt their letter reaches you long after they have ceased working on the account, and they realize that you are probably so provoked by that time that you won't reply any-

On the technicality, then, that you have failed to furnish evidence called for in the contract, they simply reach into your account and help themselves. This is merely another instance of the way in which they can twist a contract to suit their own con-

venience.

There is one more provision on the face of this contract which is by far the most insidious of all. It reads: "In consideration of the services to be rendered, the following correct and unpaid claims due us [the physician] are assigned to you [the agency], subject to your discretion and settlement; and in accordance with the terms printed on the back hereof, we agree to report and remit commissions on the day settle-ment or payment is made."

This provision is printed in such small type that one almost needs a magnifying glass to read it. The agency fondly hopes that because the type is so small and difficult to read, you won't bother

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ENDO AMPOULES

for INTRAVENOUS

INTRAMUSCULAR Administration

For many years we have manufac-red "Endo" ampoule products based tured on the highest standards of purity, uniformity and sterility.

Results are reflected in the many new Doctors and Hospitals added to our satisfied customer list.

Write for literature and prices.

INTRAVENOUS PRODUCTS CO. OF AMERICA, INC. 251 FOURTH AVE. NEW YORK



Comfortable rooms, . hospitable service and excellent inexpensive cuisine ...

FROM FOUR DOLLARS A DAY Court Rooms-Three Fifty

MARK HOPKINS

THE FAIRMONT HOTELS

OVERLOOKING SAN FRANCISCO

For Summer Sluggishness . . .

TAUROCOL

(TOROCOL) TABLETS



For dispensing or prescribing. Put up 500 tablets in container and 100 tablets in bottle.

TAUROCOL is a combination of bile salts,* extracts of cascara sagrada, phenolphthalein and aromatics and is an agent recognized by the medical profession and widely prescribed for about a quarter of a century.

*Bile salts in TAUROCOL are sodium glycocholate and taurocholate. This should not be confused with the bile acids present in some preparations. The acids are toxic, while the sodium salts are NON-TOXIC.

IF you are now prescribing TAUROCOL you know its efficacy in increasing bile flow. If you are not prescribing TAUROCOL, will you please make a clinical test of TAUROCOL? Use the handy coupon.



VERA PERLES

of Sandalwood Compound
—for inflammation of mucous membranes, particularly of the urinary tract—
another Plessner product.

S	E	N	D	C	0	U	P	0	N	T	0	D	A	Y

THE PAUL PLESSNER CO., \$538 Brooklyn Ave., Detroit, Mich.

Yes, please send samples.

M.D

ME-9-24

with it.

A careful inspection of two of the component phrases in the foregoing provision is highly enlightening, however. Consider, for instance, the phrase, "are assigned to you." This constitutes a valid and legal assignment of all your rights, titles, and interest in these accounts to the agency for such money as the latter is willing to give you.

Take another phrase: "subject to your discretion in settlement." This means that if you kick over the traces and object to the company's methods of doing business or complain about the amounts of money which it is pleased to send you, it is, by virtue of this phrase, given full permission to compromise an account for any amount of money it sees fit.

I'll explain this further: If one of your debtors owes you \$100, the company can, if it wishes, take \$5 in full and final settlement of the account; keep 50 per

cent of the \$5 for themselves, plus any filing fee they care to charge; and send you the balance.

If this balance happens to be \$1, that is all you will get or are entitled to under the terms of your agreement with the agency. You are hooked, finally and conclusively; so you may as well get out while you still have possession of a certain amount of your dignity and peace of mind.

This type of collection agency racket can be broken up only by a complete boycott of all but the truly ethical concerns now operating, and by wide publicity of the "business" methods used by unprincipled companies in this field.

Those offensive agencies at which this article is directed are nothing less than leeches, absorbing the hard-earned benefits of your time and effort spent in practice. Moreover, in the majority of

There is no substitute for Integrity



WHATEVER legislation may prove necessary in the public interest, from a professional point of view, nothing can take the place of strict adherence to the highest pharmaceutial and ethical standards in the preparation and distribution of an antispasmodic and sedative which is preferred for prompt relief by successful physicians. When writing prescriptions it pays to specify genuine HVC.

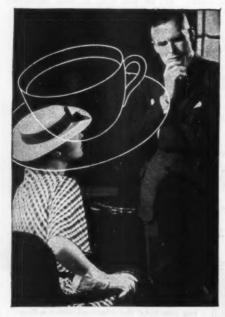
INSIST ON HAYDEN'S VIBURNUM



For sale by reliable pharmacies in 4 oz. and 16 oz. bottles. HVC is manufactured and distributed nity by New York Pharmaceutical Company, Bodford Springs, Bedford, Mass., U. S. A. Samples to the profession upon request.

TO EVERY DOCTOR WHO HATES TO SAY

"Don't!"



THE Don't-do-this-don'tdo-that" business is hard on the patient... and hard on the doctor who naturally dislikestheroleof disciplinarian.

There's the matter of coffee, for instance. Shall you ask the coffee-lover to give up hisfavorite beverage? Orshall you simply advise a change to Sanka Coffee—delicious coffee. 97% caffein free?

The Easy Way

Many a doctor is today taking the easy latter course with coffee cases. And, needless to say, many a patient is finding Sanka Coffee a most delightful prescription!

Sanka Coffee is a connoisseur's blend of choice Central and South American crops...a fragrant, fullflavored coffee with only the caffein removed!

Quarter-pound FREE

We'll be delighted to send you a quarter-pound can of Sanka Coffee free. Just fill out the coupon below. Mail it today. Sanka Coffee is a product of General Foods.

M. E.-0-34

REAL COFFEE WITH 97% OF THE CAFFEIN REMOVED



G	E	N	E	R	A	L		F	0	0	D	1
R	121	rle	C	20	-la		N	Ei	ch			

Gentlemen: Please send me without charge a quarter-pound can of Sanka Coffee—also the booklet, "The Passing of Thou Shalt Not."

Nani

Street

City State
This offer expires July 1, 1935—not good in Canada.

cases they so offend your patients that they will never come back to you for treatment. Not that you would want them again on a credit basis; but even as cash prospects they are lost to you for all time as the result of tactless collection methods.

I am not going to recommend in this article any particular collection medium, other than to suggest that the rate for collections by attorneys in your own locality are generally as follows: 15 per cent on the first \$500; 10 per cent on the excess of \$500 to \$1,000; 5 per cent on excess of \$1,000; minimum commission of \$7.50; 50 per cent on items of \$15 or less.

In conclusion, let me show you a statement which was actually sent to the client of one collection agency.

Read it. Digest it. It speaks

WULIUS.		
Remittances received by		
client	\$ 30.00	
Remittances received by		
company	. 120.00	
Total received		\$150.00
Remittances received by	7	
company		
Remittances received from	1	
client		
Total received by com		9197 50
50% on first \$100		-9121.00
50% on legal system		
Charges on accounts with		
drawn		
Charges on accounts settled		
satisfactorily	40.50	
50% on installments	. 13.00	
Office filing fee on		
100 accounts @ 60c	60.00	
Company's total charges		2125 00
Due company. Please rem	11t	1.00

Hermits Gather No Laurels

[Continued from page 47]

factor, he is in the business of selling goods rather than services, and for that reason does not have to succeed in selling himself quite so thoroughly as does the



ONLY DIGITALIS

of uniform strength will produce a dependable result

DIGITALIS Duo-Test "Mc-Neil" is produced under a rigid standard which assures uniformity. It is tested and re-tested at regular intervals by the official frog method and check-tested by the Reed-Vanderkleed Guinea Pig Method.

"The standard is so rigid that the resultant product can be used as a positive test for the reaction of the patient to digitalis."

The uniform potency of Digitalis Duo-Test "McNeil" eliminates one of two variables—namely, that of the drug.

Capsules and Tincture Digitalis Duo-Test "McNeil" have been passed by the Council on Pharmacy and Chemistry of the American Medical Association. Digitalis Duo-Test "McNeil" is supplied in Tincture form in ½ oz., 1 oz., 4 oz. and 1 pint bottles, and in Black Capsules (one grain) in bottles of 100, 500 and 1,000.

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Pharmaceuticals and Surgical Specialties Philadelphia, Pennsylvania

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You know how important a gentle yet thorough laxative is in pediatric work. Many physicians find Sal Hepatica ideal in treating simple constipation, colic and the various stomach derangements to which children are subject.

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physician.

The physician deals in two things: professional competence and personality. However, personality is the thing that he must sell first.

Only after they get to know you as a person will people find out about your professional ability. Hence, in a small town like this, it is of paramount impor-tance for a doctor to be well known. And since he can not advertise and shout his good qualities from the housetops (even if he were so minded), it is up to him to adopt some dignified and proper means whereby this may be achieved.

Though the physician may be, and usually is, highly individualistic in at least certain aspects of his practice, he must be a good mixer if he wants to become somebody in his home town. Cool aloofness, a sort of Jove-like attitude toward the people around you, just doesn't click, particularly in medium and small-sized communities.

Where is the best place for the new practitioner to break into the town's life? In my case I found the opening wedge to be American Legion activities, especially by participation in the then current Liberty Loan campaign. Fresh from my Army experience, I attended the first, or organization meeting of the local Legion Post, held at the village fire house.

As it happened, the physician whose practice I took over had been county coroner, and a short time after I arrived, despite the fact that I was a Republican, the local Democratic county committee approached me and asked me to serve his unexpired term, an invitation I was glad to accept.

- This fact of my holding a political office in the county, I believe, was the only thing which

INFLAMMATIONS in the G.-U. TRACT?

A palatable preparation of Sandalwood, Saw Palmetto, Zea.

DOES NOT NAUSEATE or PERFUME THE BREATH.

ITS SOOTHING AND PROPHYLACTIC ACTION ALWAYS REDUCES INFLAMMATION AND RELIEVES PAIN.

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Your Patient Will Be Grateful . . .

When HAY FEVER is driving her frantic—advise Nasal Hygiene

Prescribe

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From the discomfort and pain caused by recurrent conjunctivitis with catarrh—the constant, violent sneezing—the clogging of the head and nasal passages—the frantic patient looks to you, doctor, for relief—the more immediate the relief, the better.

We proffer SinaSiptec as such relief—prompt and certain. As a nasal douche it is the stand-by of many physicians. Safely, this bland solution tends to lessen the inflammation of the nasal respiratory centres, frees the mucous membranes and cilia of congestive, foreign matter, and allows these and the sinuses to properly absorb their natural amount of moisture. Normal drainage is thus resumed. Result—alleviation to the hay fever sufferer for a two to three hour period after each douching. Used six times a day, it keeps the patient appreciably comfortable.

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kept me from being an active officer in the local Legion Post from the beginning. Nevertheless, I showed a genuine interest in its proceedings from the outset, and was made Post Historian, a position I have maintained ever since. Incidentally, too, despite my Republican political leanings, I have been elected county coroner term after term since I first arrived in town.

With regard to the American Legion, suffice it to say that by the time I entered my third year of residence here I was suf-ficiently well acquainted to be county chosen commander though, as I have said, I could not serve actively.

Participation in public school activities, it has always seemed to me, offers the physician another excellent way in which to settle down comfortably and efficiently as an important factor in his town's doings. For this reason, I let it be known as soon as convenient that I had a genuine interest in the local school system.

Fortunately, I found a readymade opportunity to get into the swim, for it is the custom here for the local physicians to take turns serving as school physician. There being but two other physicians in Brewster, every third year I have held the position of school examiner. Financially, this has not meant a great deal, of

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• If preferred, physicians will be supplied direct with any item used in this practice, furnished in professional packages. Doctors not yet familiar with Lanteen products are invited to write for our Special Introductory Offer. Physician's literature and special price list on request.

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course, as the reimbursement is figured on the usual one-dollar-ayear-per-pupil basis. Yet in other ways the office has proved most valuable.

But being alternate school examiner did not tax my time unduly, so I welcomed an opportunity to serve on the school boarda position which, incidentally, I think physicians generally under-

As might be expected, I have not overlooked the matter of lodge affiliations. Membership in some good, live luncheon club is also an excellent thing for the physician. And that goes, of course, also for the local country club or similar organization.

I do not mean to imply that the physician must be an out-and-out opportunist, joining this, that, and the other thing with an eye solely to the possible effect of these contacts on his practice. On the other hand, he has to live in

the town where he practices, so he might as well be a thoroughly social person for his own pleasure and welfare, independent of any other considerations.

The pendulum in medicine is swinging away, we are told, from alleged over-specialism and back to general practice. In other words, people are turning from high-priced and impersonal specialists and once more seeking out the family physician whom they regard not as an aloof and distant medical expert but as their friend.

At the same time we occasionally hear it asserted that, for some reason or other, the physician does not cut quite so large a figure in the life of his community as he once did-that he is not so important a man in his own home town as he was wont to be in generations gone by.

If this is a fact, all I can say is that it is his own fault. For

or EFFECTIVE judine the escribe *Syrupus Acıdı Hydr*i GARDNER'S To prevent substitution—and to insure dispensing of the genuine product—SPECIFY GARDNER'S in orig-

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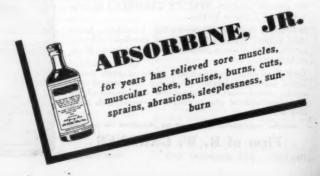
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more than five years for "Athlete's Foot," Absorbine Jr. has served thousands of infected people well and effectively. To be entirely fair—it doesn't always bring relief. But an overwhelming majority report beneficial results.

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the physician can be, as traditionally he always has been, a most important cog in community activities. He can stand out as prominently as he ever did—if he wants to.

It is strictly up to the doctor, for it depends in large measure on how well known he is in the community and how much he means to it.

That is a matter which is his to determine.

Do's and Don'ts for The Witness Stand

[Continued from page 37]

If you do not do this, your whole previous answer may be thrown out and striken from the record. (It is a rather common thing for the opposing lawyer to try to trick the testifying physician into an admission that he took into consideration facts outside of the hypothetical question when he answered it.)

(10) Never volunteer statements while you are on the wit-

ness stand.

(11) Stick to facts, bring them out clearly, and explain them to the judge and jury in layman's language as much as possible. Keep in mind always that the jury wants to understand what you are talking about, and that it is not able to grasp technical





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Please send me free sample of Bromidia (Battle) and literature.

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CITY

STATE

terms. If you fail to extend this consideration to the jury, most of your evidence may be wholly un-intelligible to them. Therefore, in spite of the fact that the plaintiff may be deserving of a sub-stantial verdict, the case may go

against him.
(12) When introducing X-ray pictures, be governed by the law of your own state. Determine ahead of time from counsel the necessary qualifications for admission of X-ray pictures in evidence. As a common-sense safeguard against any effort of the opposing counsel to prevent their admission when they are brought into court, you should see to it that the X-rays are properly labeled and marked. Besides anticipating a move on the part of the opposition to invalidate them as evidence, you also put your-self in the best possible position to cover all the medical phases of the case.

(13) In order to have the results of laboratory tests put in evidence, it must not be forgotten that it is necessary for the pertook the specimens who (blood, urine, etc.), as well as for the technician who made the test, to appear in court to testify regarding their respective parts in the procedure. The same, of course, holds true for the X-ray technician, provided you are not able to qualify the plates your-

Who's afraid of going to court as an expert medical witness? Certainly not the practitioner who knows the medical aspects of his case from A to Z and who observes the thirteen suggestions given here when he appears on the witness stand.

For him, "litigation-phobia" is an unknown quantity.

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Amenorrhea - Dysmenorrhea Menorrhagia - Menopause

Today, as for years, Ergoapiol (Smith) is the accepted medicament in combating those menstrual anomalies which may be traced to constitutional disturbances; atonicity of the reproductive organs; inflammatory conditions of the uterus or its appendages; mental emotion or exposure to the elements.

The physician readily can ascertain whether his prescription for Ergoapiol (Smith) has been correctly filled by dividing the capsule at the seam, thus revealing the initials M.H.S. embossed on the inner surface, as shown in photographic enlargement.

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Can the patient,

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Naturally,

the patient is interested in value received. But—expensiveness should not be governed by initial cost.

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The distinctive characteristics of Mazon together with proved positive results in permanently eliminating stubborn skin conditions, establish Mazon as a more economical treatment than lower priced preparations, many of which afford little or no relief.



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